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J. SAULSBERRY EXAMINER

NOV 8 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Florida Prime Realty Group CLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Planda Prime Really Grouplic Firm/Company 1447 Elmanda St Address Flolywood FL 33 0 20 City/State and Zip Code Voronina oo had mail. Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Olara Varonina at 305 219-55 as
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\chn\chn\curn_{\sum_{\curn_{\sum_\senm_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sym_{\sum_{\sym_{\sym_{\sum_{\sum_{\sum_{\sym_{\sym_{\sym_{\sum_{\sym_{\sym_{\sym_{\sum_{\sym_{\sym_{\sym_{\sym_{\sym_{\sym_\semn}\sum_\semm_\semm\s\sum_\semm\s\sum_\semm\s\s\sin_\semn\s\sem\sin_\semn\s\sin_\semn\sin\sin\sin_\semn\sin\sin\sin_\semn\sin\sin\sin\sin\sin\sin_\semn\sin\sin\sin\sin_\semn\sin\sin\sin\sin\sin\sin\sin\sin\sin_\semn\sin\sin\sin_\semn\sin\sin\sin_\semn\semn\sin\sin\sin_\sin\sin\sin_\semn\sin\sin_\semn\sin\sin\sin_\sem
\$25.00 Filing Fee \$\square\$\$\$\$30.00 Filing Fee & \$\square\$

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florisla Prime Rea	ely Group LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it how appears on out records.)
The Articles of Organization for this Limited Liability Company w Florida document number <u>しいさののの</u> 3 178	vere filed on 07/18/12 Pandassigned-
This amendment is submitted to amend the following:	SEE. FLORI
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	4
Enter new principal offices address, if applicable:	1447 Amanda ST
(Principal office address MUST BE A STREET ADDRESS)	1447 Amanola St Hollywood FL 33020
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Rollywood FC 33020
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	a Voronina
New Registered Office Address: 1447	Amounda St
flolleg	Enter Florida street address Florida 33020 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

Town stephens of the state of t

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title Name **Type of Action** FL 3316W MGRU Voronina OLENA FL 33162 Remove Add Add Remove Add Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	90-0870015
Dated	November a, 2012.
	O. Bofrances
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE