

L12000127980

(Requestor's Name)

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(Business Entity Name)

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13 OCT 18 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **American Prime Real Estate, LLC**
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:

Jose Menendez

Name of Person

American Prime

Firm/Company

5775 Blue Lagoon Drive, Suite 350

Address

Miami, FL 33126

City/State and Zip Code

jmenendez@americanprime.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Menendez

Name of Person

at **305 267-9660**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA
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2013

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

American Prime Real Estate, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 8, 2012 and assigned
Florida document number L12000127980.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5775 Blue Lagoon Drive, Suite 350

Miami, FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5775 Blue Lagoon Drive, Suite 350

Miami, FL 33126

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

5775 Blue Lagoon Drive, Suite 350

Enter Florida street address

Miami

City

Florida 33126

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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

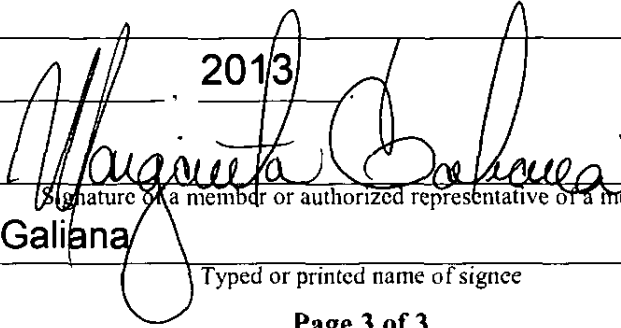
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Lomar Group, LLC</u>	<u>10631 N. Kendall Dr.</u>	<input type="checkbox"/> Add
		<u>Suite 280</u>	<input checked="" type="checkbox"/> Remove
		<u>Miami, FL 33176</u>	
<u>MGRM</u>	<u>Lomar Group, LLC</u>	<u>5775 Blue Lagoon Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 350</u>	<input type="checkbox"/> Remove
		<u>Miami, FL 33126</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

13 OCT 13 PM 11:00
STATE OF FLORIDA
CLERK OF THE COURT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated **October 1**

2013



Signature of a member or authorized representative of a member

Margarita Galiana

Typed or printed name of signee

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Filing Fee: \$25.00

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