

L12000130336

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PRIME KEYS SOLUTIONS, LLC
Account Number : I20140C00094
Phone : (305) 856-6121
Fax Number : (305) 856-6122

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: O.Santini@bellsouth.net

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MOUNTBACK ESTATES FLORIDA LLC**

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

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Y SULKER

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H160002490363

MOUNTBACK ESTATES FLORIDA 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 10/12/2012 and assigned
Florida document number L12000130336.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Enter Florida street address

City, Florida

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H 16000249036 3

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	MOUNTBACK ESTATES LIMITED	Akara Building 24 De Castro Street Wickhams Cay	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		1, Road town, BVI	<input type="checkbox"/> Change
MGR	SNAKE CORP.	201 Rogers Office Building	<input checked="" type="checkbox"/> Add
		Edwin Wallace Key Drive	<input type="checkbox"/> Remove
		George Hill, Anguilla	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *Attach additional sheets, if necessary.*

F. Effective date, if other than the date of filing: _____ (optional)

NOTE: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed on the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

Oct 7-2016

米

Signature of a member or authorized representative of a member

Boris Bozovich - member

Type or printed name of signer:

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October 11, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MOUNTBACK ESTATES FLORIDA LLC
1541 BRICKELL AVENUE
1806
MIAMI, FL, 33129US

SUBJECT: MOUNTBACK ESTATES FLORIDA LLC
REF: L12000130336

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

SIGNATURE OF MEMBER OR AUTHORIZED REPRESENTATIVE OF A MEMBER ISN'T LEGIBLE.

If you have any further questions concerning your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II
Registration Section

FAX Aud. #: H16000249036
Letter Number: 016A00021833

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P.O BOX 6327 - Tallahassee, Florida 32314