# L13000094568

Office Use Only



800258844978

04/10/14--01029--020 \*\*30.00

DIVISION OF CORPORATIONS

16 APR In AM 8: 21

APR 15 2014 J. HARRIS

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: AR H	omes Realty,	LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Philip L. Log	as, Esq.	
		Name of Person	
	Philip L. Log	as, P.A.	
		Firm/Company	
	P.O. Box 95	1509	
		Address	- <del></del>
	Lake Mary,	Florida 32795-15	509
		City/State and Zip Code	
	plogas@logaslav	V.COM to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca		culony
Philip L. Lo	gas	<sub>at</sub> 407, 849-1	555
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AR Homes Realty, LLC		
( <u>Name of the Limited Liah</u> (A Flori	illity Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on July 2, 2013	and assigned
Florida document number L13000094568		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
PRP Real Estate, LLC		
The new name must be distinguishable and end with the words "	Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		DIV.
(Principal office address MUST BE A STREET ADI	DRESS)	AF ISIO
		<b>20 ×</b> ∂ <b>-</b> 92 •
		<b>0</b> 7.7.7. <b>0</b>
Enter new mailing address, if applicable:		<b>4</b> 340
(Mailing address MAY BE A POST OFFICE BOX)		<b>6</b> 55
(BANNAS WILLESS MATT BEAT OF TOTAL BOX)	-	<del>2</del> 2
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
<del></del>	City	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
		<del></del>	Remove
<del></del>			
			Remove
			<b>1</b> 0
			SECRETARY SET JANE ISION OF COSPORATIONS ISIN OF COSPORATIONS ISI
			Remove ***
<del></del>			
			□ Remove

- approximately and a contract and a	additional sheets, if necessary.)
<del></del>	
fective date, if other than the date of filing:  e effective date must be specific, cannot be prior to date of receipt or filed date and of	(optional)
e effective date must be specific, cannot be prior to date of receipt or filed date and of edate this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
e effective date must be specific, cannot be prior to date of receipt or filed date and of edate this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
e effective date must be specific, cannot be prior to date of receipt or filed date and of edate this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
Tective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed date and one date this document is filed by the Florida Department of State)  The ated April 2  Signature of a member or authorized representation of the prior of the prior of the prior to date of receipt or filed date and one date this document is filed by the Florida Department of State)  Signature of a member or authorized representation of the prior to date of receipt or filed date and one date of the prior to date of receipt or filed date and one date of the prior to date of receipt or filed date and one date of the prior to date of receipt or filed date and one date of the prior to date of receipt or filed date and one date of the prior to date of receipt or filed date and one date of the prior to date of receipt or filed date and one date of the prior to date of th	cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

14 APR 10 AM 8: 22