#13000112492

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SLUBUTARY OF STATE

K. SALY EXAMINER SEP 2 5 2013

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Prime Properties Realty Associates, 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:

Michele Gaines

Name of Person

Gaines Realty Group, LLC

Firm/Company

6080 BIRD RD Suite 4

Address

MIAMI FLORIDA 33155

City/State and Zip Code

m@igaines.com

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

For further information concerning this matter, please call:

Michele Gaines

305₉70-1891

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

13 SEP 23 PM 4: 26
SLUTTE OF STATE
TALLAHASSEE, FLORIDA

Prime Properties Realty Associates, 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 L	iability Compar	ny were filed on 08/01/2013	and assigned
Florida document number L13000112492	<u> </u>		
This amendment is submitted to amend the foll	Ü		
 A. If amending name, enter the new name of Gaines Realty Group, LLC 	of the limited lia	ability company here:	
The new name must be distinguishable and end wi "L.L.C."	th the words "Li	mited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N/A	
B. If amending the registered agent and registered agent and/or the new registered o	ffice address h		nter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A	Enter Florida stre	et address
		, Flori	da
		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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		Add
			Remove
			
	N/A		Add
			Remove
	MILA		_
			L Add
			Remove
	N/A		
			Remove
	N/A		_
			Add
			Remove
	N/A		Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A
Dated	9/201 . 2013.
Dated	Signature of a member of authorized representative of a member Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00