L140000 4361Z

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
	F.W. A.	
(Bu:	siness Entity Name	∌)
(Do	cument Number)	
Certified Copies	Certificates of	of Status
	_	
·		
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



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10/26/20--01022--006 **25.00

2020 OCT 26 PH 4: 28
SECRETARY OF STATE
TALLAMASSEE

12/4/120

COVER LETTER

**

Division of Corporations

Registration Section

TO:

Prime Qua	ality Realty, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Point Du Jour, Harry		
		Name of Person	
	Prime Quality Realty, LLC	:	
		Firm/Company	
	5330 S. University Dr. Un	it 3112	
		Address	
	Davie, FL 33328		
	·	City/State and Zip Code	
	primequalityrealty@gmail.c	com	
	E-mail address: (to be used for future annual report not	rification)
For further information	concerning this matter, please c	all:	
Harry Point Du Jour		267 736-3478	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63. Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Prime Quality Realty, LLC

2020 OCT 26 PM 4: 28

(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited	iny as it now appears or Liability Company)	TALLAHASSEE, FL	
The Articles of Organization for this Limited L. Florida document number L14000043612	iability Company	were filed on 3/17/2	and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		5530 S. University Dr. Unit 3112		
(Principal office address MUST BE A STREET ADDRESS)		Davie, FL 33328		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5530 S. University Dr. Unit 3112		
		Davie, FL 33328		
B. If amending the registered agent and/or ragent and/or the new registered office addre		address on our reco	rds, enter the name of the new registo	
Name of New Registered Agent:	Maryyn Point Du Jour			
New Registered Office Address:	5630 Ramble Rose way			
to the state of th	Enter Florida street address			
	West Palm Bea	ch	Florida 33415	
		City	Zip Code	
New Registered Agent's Signature, if changing I	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi- being filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance of my provided for in Chap	duties, and I am familiar with and pter 605, F.S. Or, if this document is	

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:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Coutchard Point Du Jour	5530 S. University Dr. Unit 3112, Davie FL 22238	□Add
			≣Remove
			□Change
			□Add
		•	□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
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			□Remove
			□Change
······································			□ Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated ___ 2020 Signature of a member or authorized representative of a member Harry Point Du Jour Typed or printed name of signee

Filing Fee: \$25.00