

L15000002286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 24 2015
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: //PRIME PROPERTIES FLORIDA, 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:

KAREN SLIND

Name of Person

//PRIME PROPERTIES FLORIDA, LLC

Firm/Company

2605 EWELL RD. LAKELAND

Address

LAKELAND, FL. 33811

City/State and Zip Code

primepropertiesflorida@gmail.com

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

For further information concerning this matter, please call:

JOE CORNETT, G.M.

863 286-7889

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

2016 AUG 22 P 1:33
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

//PRIME PROPERTIES 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 1-1-2015 and assigned Florida document number L15000002286.

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)

2605 EWELL RD

LAKELAND, FL.

33811

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2605 EWELL RD

LAKELAND, FL.

33811

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:

KAREN SLIND

New Registered Office Address:

2605 EWELL RD FL.

Enter Florida street address

LAKELAND

City

Florida

33811

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.

Karen Slind

If Changing Registered Agent, Signature of New Registered Agent

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2016 AUG 22 P 33
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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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL SLIND	2506 EWELL RD LAKELAND, FL. 33811	☒ Add
			☐ Remove
MGR	KAREN SLIND	2506 EWELL RD LAKELAND, FL. 33811	☒ Add
			☐ Remove
MGR	JOE CORNETT	2104 WHITE TAIL TRL. LAKELAND, FL.	☒ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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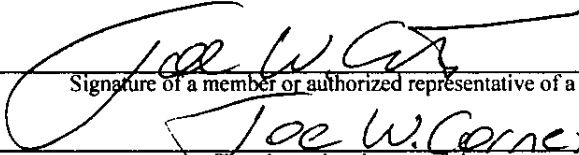
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Official Address 2605 Euclid Rd.
Lakeland, FL 33811

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 17, 2016.


Signature of a member or authorized representative of a member
Joe W. Cornett G.M.
Typed or printed name of signee

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2016 AUG 22 P 1:33
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