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SECRETARY OF JUST DIVISION OF CURRECULATION

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Priority Realty Partners, L.L. C. 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:
Christopher G. Raimundo
Priority Realty Partners, L.L.C.
3 sw. 129 Ave. Svite 200
Pembroke Pines FL. 33027 City/State and Zip Code Reforinvestors @ Gmail-com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher S. Raimundo at (954) 732-2679 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Fee S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Priority Real	H Par	tners	L, L	records.)		
(<u>) </u>	A Florida Limited L	iability Compar	ıy)	,		
The Articles of Organization for this Limited Lia Florida document number		were filed on	_3-2	13-2015	and assi	gned
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liabi	lity company	here:			
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," t	ne designatio	on "LLC" or the a	bbreviation "L.L	<u>C."</u>
Enter new principal offices address, if applica	ble:					9
(Principal office address MUST BE A STREET					88	- 50 - 50 - 50
					——————————————————————————————————————	<u> </u>
Enter new mailing address, if applicable:					AH.	68.55 68.55 7.55
(Mailing address MAY BE A POST OFFICE B	(OX)			· · · · · ·	8.	112
					ယ်	<u> </u>
B. If amending the registered agent and/o registered agent and/or the new registered off	ice address here	:		_		
Name of New Registered Agent:	Christ	opher	5.	Roin	nundo	 -
New Registered Office Address:		Enter	Florida stree	t address		
				, Flerida		
		City		·	Zip Code	
New Registered Agent's Signature, if changing Re	egistered Agent:					

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:

MGR = 1 AMBR = 1	Manager Authorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
<u>M6R</u>	Christopher	S. Baimund	Pembroke Pines FL.	<u>~ 200</u> ■ Add
			Pembroke Pines FL.	33027 Remove
				Change
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n effective date is lis te: If the date ins	ther than the date of ted, the date must be speci- erted in this block does date on the Departmer	fic and cannot be price not meet the appli	cable statutory fi	r more than 90 days	optional) after filing.) Pursu , this date will no	ant to 605.020 ot be listed a
	es a delayed effect fter the record is f		ot an effective	e time, at 12:	01 a.m. on th	e earlier o
			·			
ted	Anlawa- Signature					

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Filing Fee: \$25.00