215000011140

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
TEORIO
SSEE FL
PECETAL P
20 TAL

Office Use Only



800302277408

08/15/17--01003--022 **60.00

17 AUG 14 PM 1: 46
DIVISION OF CONFUNCTIONS

O SIIVMONS ON BUG 16 2017

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: PRI	ME PROPE Name of Lim	RTIES - WIN	OERMERE, LLC
The enclosed Articles of A	mendment and feets) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	David	Zeckser	
		entres - Windern Firm/Company	nere, LLC.
	12821 Wat	er Point Blvd Address	· · · · · · · · · · · · · · · · · · ·
	Windern	nere FL. 347	784
	dzecks E-mail address: (City/State and Zip Code er of future annual report notif	Com
	cerning this matter, please co	all:	
O avid	Zeckser Person	at (407) 758 Area Code Daytime	7 - USZO 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

Prime Properties	- Windermere,	LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document numberL_15_000071140	were filed on April 2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabit	ity Company," the designation "LL	C" or the abbreviation "L-HC."
Enter new principal offices address, if applicable:	<u></u>	Slok
(Principal office address MUST BE A STREET ADDRESS)		Q I I
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1: 6
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our record	ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	5.5N
		lorida
	City	Zip Code
Now Designard Agent's Signature if changing Designard Agent.		

New Registered Agent's Signature, it 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

MGR = Manager AMBR = Authorized Member Title Name **Address Type of Action** Elizabeth C. Crisante 1216 W. Washington St. DAdd AMBR Orlando FL. 32805 *Remove □ Change Zeykser 12821 Water Point Blyd, XAdd Windermere, FL. 34786 ☐ Change □ Add Change □ Add □ Remove ☐ Change \square Add ☐ Remove □ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

									
 				· · · · ·					
									
4-									
								-	
				······································			<u> </u>		
-					· ·	-	 		
 .		.							
								일 _	
	<u> </u>							isin B	
							·	<u> </u>	<u>ار</u> 1
· · · · · · · · · · · · · · · · · · ·								<u>ئ</u> ئنڌ	70
								4. C.	<u>ب</u>
								OF STATE OF	116 14 PH 1:46
						·			
									
							· · · · · · · · · · · · · · · · · · ·		
						<u>_</u>			
fective date, if other effective date is listente: If the date inserted cument's effective of	d, the date must ted in this blo	t be specific ar ock does not	nd cannot be meet the ap	plicable sta	f filing or mor	e than 90 days	o ptional) after filing.) Pt . this date wil	irsuant to 605.0 I not be listed	207 (3) as the
record specifies The 90th day aft	er the reco	ord is filed		not an e	fective tir	ne, at 12:0	01 a.m. on	the earlier	of:
\mathcal{L}	st 9,	2017	3	00 pu	1. /				
ited Hugue	,								
ited Mugue	,		Sh		91.PM				

Page 3 of . 4

Filing Fee: \$25.00

Dated	August 9, 2017 3:00 pm		
	Signature of a member or authorized representative of a member		
	Elizabeth C. Crisante Typed or printed name of signer	AMBR	
Dated _	August 9, 247 - 3:00 pm		 -
	Maria E. Zeckser	AMBR	
	Typed or printed name of signee		