

L15000119093

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000195348 3)))



H150001953483ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : I20010060062
Phone : (323) 962-9600
Fax Number : (323) 962-3689

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PRN PROPERTIES & REALTY LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

RECEIVED

15 AUG 12 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 12 A 8:44

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 13 2015

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRN Properties & Realty LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code:

ymonard@arffinancial.com

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

For further information concerning this matter, please call:

Imelda Vasquez

Name of Person

323 962-8600 ext 7950

at ()

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**

PRN Properties & Realty 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 07/10/2015 and assigned
Florida document number L15000119093

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**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

**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:

New Registered Office Address:

Enter Florida street address:

City: _____ Florida _____ 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

FILED
15 AUG 12 A 8:44
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
-------	------	---------	----------------

MGR	Paula R Narain	14519 GRAND COVE DRIVE	☐ Add
-----	----------------	------------------------	------------------------------

		ORLANDO, FL 32837	☒ Remove
--	--	-------------------	--

MGR	Paul R. Narain	14519 GRAND COVE DRIVE	☒ Add
-----	----------------	------------------------	---

		ORLANDO, FL 32837	☐ Remove
--	--	-------------------	---------------------------------

AMBR	Paula R Narain	14519 GRAND COVE DRIVE	☐ Add
------	----------------	------------------------	------------------------------

		ORLANDO, FL 32837	☒ Remove
--	--	-------------------	--

AMBR	Paul R. Narain	14519 GRAND COVE DRIVE	☒ Add
------	----------------	------------------------	---

		ORLANDO, FL 32837	☐ Remove
--	--	-------------------	---------------------------------

			☐ Add
--	--	--	------------------------------

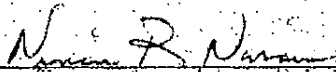
			☐ Remove
--	--	--	---------------------------------

FILED
15 AUG 12 A 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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 10th, 2015



Signature of a member or authorized representative of a member

Niven R. Narain

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

15 AUG 12 A 8:44
SECRETARY OF STATE
LAHASSEE, FLORIDA

FILED