# 116000087180

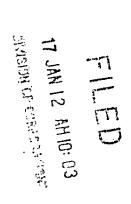
(Rec	questor's Name)	
(Add	lress)	
(Add	iress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	. Certificates	s of Status
,		
Special Instructions to F	Filing Officer:	
ļ		

Office Use Only



900293876119

01/12/17--01004--005 \*\*25.00



O SIMMONS

## **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:	Florida Prim	e Real Estate Group, LLC		
		Name of Limit	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	dence concerning this matter to	o the following:	
		Silvia De Leon		
		<del></del>	Name of Person	
		Florida Prime Real Estate G	Group, LLC	
			Firm/Company	
		8810 Commodity Circle Su	ite 27	
			Address	
		Orlando, FL 32819		
			City/State and Zip Code	
		silviadeleon@msn.com		
		E-mail address: (to	be used for future annual report notific	ation)
For further in	nformation co	ncerning this matter, please cal	11:	
Silvia De Le	on		407 427-4777 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
\$25.00 F	iling 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:

TO:

**Registration Section** 

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

Florida Prime	Real Estate Grou	p, LLC		
( <u>Name of the Limited I</u> (A I	iability Company Torida Limited Liab	as it now appearability Company)	ars on our records.)	
The Articles of Organization for this Limited Liabi	lity Company we	ere filed on _	05/03/2016	and assigned
Florida document number L16000087280	·			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabilit	y company h	<u>nere</u> :	
The new name must be distinguishable and contain the words	s "Limited Liability	Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e: _	8810 Com	modity Circle Suite 27	
(Principal office address MUST BE A STREET A	(DDRESS)	Orlando, F	FL 32819	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	- <u>X)</u> -	Same		THE HOUSE
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	_		n our records, <u>ente</u>	er the name of the nev
Name of New Registered Agent.	10220 T. 1	1 .1. 10 1 410	^	
New Registered Office Address:	10330 Turkey		9 orida street address	
	Orlando	Line: 1 R	. Florida	32819
-	***************************************	City	, rivilua _	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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Nilda Rivera-Cruz	7901 Kingspointe Parkway Suite 8	□ Add
		Orlando, FL 32819	≅ Remove
			Change
<del></del>			□ Add
			□ Remove
			Change
		<del></del>	
			Change  And  Remove  Change
		<del></del>	్లో <b>ധ</b> □ Add
			□ Remove
			☐ Change
			□ Remove
			Change
<del></del>			
		<del></del>	☐ Remove
			☐ Change

		, enter change(s) here: (Attach additiona	
<del></del>	· · · · · · · · · · · · · · · · · · ·		C##
	***************************************		
		<u> </u>	0: 0 <b>3</b>
			· · · · · · · · · · · · · · · · · · ·
<del></del>			
lote: If t	date, if other than the date we date is listed, the date must be such that enter inserted in this block of a effective date on the Depart	e of filing:  specific and cannot be prior to date of filing or more does not meet the applicable statutory filing rement of State's records.	(optional) than 90 days after filing.) Pursuant to 605.0207 (equirements, this date will not be listed as t
	d specifies a delayed eff Oth day after the record	ective date, but not an effective time is filed.	ne, at 12:01 a.m. on the earlier of:
ated	January 9th.	2017	
	Schia De	Lenary ature of a member or authorized representative of	
	Sign	ature of a member or authorized representative of	a member
	Silvia De Leon		

Page 3 of 3

Filing Fee: \$25.00