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COVER LETTER

Division of	Corporations							
SUBJECT:	FLORIDA PRIME REAL	ESTATE GROUP, LLC						
SUBJECT:	Name of Lim	Name of Limited Liability Company						
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.						
Please return all corr	espondence concerning this matter	to the following:						
		SILVIA DE LEON						
	- 10. - 10	Name of Person	· · · · · · · · · · · · · · · · · · ·					
Name of Person FLORIDA PRIME REAL ESTATE GROUP, LLC								
FLORIDA PRIME REAL ESTATE GROUP, LLC Firm/Company								
8810 Commodity Circle Suite 27								
Address								
	Orlando, FL 32819							
		City/State and Zip Code						
	F mail address:	silviadeleon@msn.com to be used for future annual report notific	eation)					
For further information	on concerning this matter, please c	•	auton)					
SILVIA	DE LEON	407 427-4777 at ()						
Na	me of Person	Area Code Daytime	Telephone Number					
Enclosed is a check f	or the following amount:							
\$25.00 Filing Fed	e \$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

FLORIDA PRIME R	EAL ESTATE GROUP, LLC		
(Name of the Limited L (A F	lability Company as it now app lorida Limited Liability Company	ears on our records.) /)	
The Articles of Organization for this Limited Liabil Florida document numberL16000087280	ity Company were filed on	05/03/2016	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of the</u>	limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)		
			·
	,		
Enter new mailing address, if applicable:			ن

(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		9 °
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B. If amending the registered agent and/or registered agent and/or the new registered office	<u> </u>	on our records, <u>ente</u>	r the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter F	Florida street address	
		, Florida	
	City		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

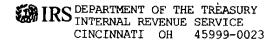
<u>Title</u>	Name	Address	Type of Action
AMBR	RIVERA-CRUZ, NILDA	7901 Kingspointe Parkway Suite 8	
		Orlando, FL 32819	Remove
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00



Date of this notice: 04-26-2017

Employer Identification Number:

82-1315282

Form: SS-4

Number of this notice: CP 575 G

FLORIDA PRIME REAL ESTATE GROUP SILVIA DE LEON SOLE MBR 8810 COMMODITY CIR STE 27 ORLANDO, FL 32819

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-1315282. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing. S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is FLOR. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS. USE ONLY) 575G

04-26-2017 FLOR O 9999999999 SS-4

Keep this part for your records.

CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

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Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 04-26-2017 () -

EMPLOYER IDENTIFICATION NUMBER: 82-1315282

FORM: SS-4

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INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 Adalahladalahlalladanahlallalah FLORIDA PRIME REAL ESTATE GROUP SILVIA DE LEON SOLE MBR 8810 COMMODITY CIR STE 27 ORLANDO, FL 32819