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COVER LETTER

TO: Registration S Division of Co				
FLORIDA	PRIME REAL ESTATE GROU	UP, LLC		
SUBJECT:	Name of Limi	ited Liability Co	mpany	·
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing	g.	
Please return all corresp	ondence concerning this matter	to the followin	g	
	SILVIA DE LEON			
		Name of	Person	
	FLORIDA PRIME REAL	ESTATE GRO	P, LLC	
		Firm/Cor	mpany	
	8810 COMMODITY CR. S	SUITE 27		
	-	Addre	:ss	
	ORLANDO FL 32819			
		City/State and	Zip Code	
	brokersilvia@gmail.com			
	E-mail address; (t	o be used for fut	are annual report notif	fication)
For further information of	concerning this matter, please ca	H:		
Silvia De Leon		407 at (427-4777	
Name o	of Person		Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 F Certifie (additions		□ \$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/COURT Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations - nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA PRIME REAL ESTATE GROUP, LLC

TECKION TRIME REAL ESTATE GROOT, ES	.ec
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com	npany were filed on 05/03/2016 and assigned
Florida document number L16000087280	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	1 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 ADDRES	
	PE ARE
	ASSEE.
Enter new mailing address, if applicable:	- <u>o</u> Mc
(Mailing address MAY BE A POST OFFICE BOX)	7: 08:05 05:05
registered agent and/or the new registered office address	red office address on our records, enter the name of the ne
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 A	gent:
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	d agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and at as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
I	f Changing Registered Agent, <u>Signature of New Registered Agent</u>

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If amending Authorized Person(s) authorized to manage, enter or removed from our records:		nanage, enter the title, name, and address o	the title, name, and address of each person being adde	
MGR = M AMBR = A	lanager Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
AMBR	KEVIN RICKARD	3415 W Lake Mary Blvd. #951935		
			□ Remove	
			Change	
			Add	
			Remove	
			Change	
			🗆 Add	
			□ Remove	
			Change	
			Add	
			Remove	
			Change	
			Add	
			Remove	
			Change	
			☐ Add	
			Remove	
			Change	

D. If amending any other information, enter change(s) here:	Ittach additional sheets, if necessary.)
	TALL 18
	B FEB
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	PH 7:
	RIO DRIO RIO
	5
E. Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date.) Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
If the record specifies a delayed effective date, but not an (b) The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated 2/01 , 2018	_
Signature of a member or authorized	representative of a member
SILVIA DE LEON	•
Typed or printed nar	e of signee

Page 3 of 3

Filing Fee: \$25.00