

L/6000/13618

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : MARC L. SHAPIRO, P.A.
Account Number : I200800000007
Phone : (239) 649-8050
Fax Number : (239) 649-8054

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PRUES PROPERTIES, LLC

Certificate of Status	0
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K. SALY
NOV 16 2016

11-15-'16 16:00 FROM- Marc Shapiro, PA 239-649-8057

T-646 P0002/0005 F-742

(((H16000281854 3)))
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prues Properties, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rochelle M. Picardi

Name of Person

The Law Offices of Marc L. Shapiro, P.A.

Firm/Company

720 Goodlette Rd. N, Ste. 304

Address

Naples, FL 34102

City/State and Zip Code

~~rochelle@attorneys Shapiro.com~~ Prues.James@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rochelle M. Picardi

239 649-8050
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

(((H16000281854 3)))

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**

FILED
2016 NOV 15 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PRUES PROPERTIES, 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 June 12, 2016 and assigned
Florida document number L16000113618

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 contain 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) _____

If amending the registered agent and/or registered office address on our records, enter the name of the new

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter 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

11-15-'16 16:01 FROM- Marc Shapiro, PA

239-649-8057

T-646 P0004/0005 F-742

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>	<u>Type of Action</u>
CEO	James E. Prues, Jr.	19390 Devonwood Circle, Fort Myers, FL 33967	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	James E. Prues, Sr.	3620 Ironwood Circle, #504, Bradenton, FL 33967	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Angela M. Prues	3620 Ironwood Circle, #504, Bradenton, FL 34209	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	James E. Prues, Jr.	19390 Devonwood Circle, Fort Myers, FL 33967	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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 of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 15 2016

Signature of a member or authorized representative of a member

James E. Prues, Jr.

Typed or printed name of signee