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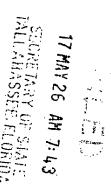
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COVER LETTER

Divi	ision of Corpo	prations			
SUBJECT:	Prominent Ho	oldings III, LLC	. •		
•		Name of Limit	ed Liability Company		
The enclosed	Articles of Ar	mendment and fee(s) are subm	itted for filing.		
Please return	all correspond	lence concerning this matter to	the following:		
•		Jason Haber			
			Name of Person		
		Haber Blank, LLP			
			Firm/Company		
		888 S. Andrews Avenue, Su	ite 201		
			Address		
		Fort Lauderdale, FL 33316			
			City/State and Zip Code		
		citronrealestate@gmail.com			
		E-mail address: (to	be used for future annual report	(notification)	
For further in	iformation con	cerning this matter, please cal	1:		
Jason Haber			954 767-030 at ()		
	Name of P	Person	Area Code Da	aytime 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)	Certified	te of Status &

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

Primonent Holdings III, LLC		
(Name of the Limited Liabi (A Flori	lity Company as it now appears on our records. da Limited Liability Company))
The Articles of Organization for this Limited Liability	•	
Florida document number L16000232454	<u></u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	PRESS)	<u></u>
	•	2 9 -
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		85 6 F
Mutting undress MAT BE A FOST OFFICE BOX)		9 2 77
	·	92. 3. detrop
R If amending the registered agent and/or regi	istared office address on our records	enter the name of the ne
 If amending the registered agent and/or registered agent and/or the new registered office ad- 	dress here:	Set the Hanks of the he
Name of New Registered Agent:		
•		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	Citi	zip coue

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
Auth. Rer	Sharon Hornfeld	5481 Wiles Road	
1		Suite 502	■ Remove
•		Coconut Creek, FL 33073	☐ Change
4			
			☐ Remove
			☐ Change
			Add
			□ Remove
	<u>.</u>		Add
			☐ Remove
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Filing Fee: \$25.00