

L18000036913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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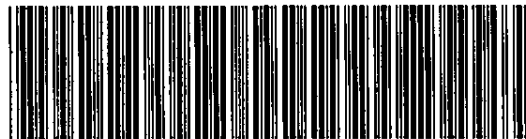
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAR 14 PM 2:07

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROMINENT ASSOCIATES & INVESTOR 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:

SABRINA A DAVIS

Name of Person

PROMINENT ASSOCIATES & INVESTOR LLC

Firm/Company

19821 NW 2nd AVE STE 406

Address

MIAMI GARDENS, FL 33169

City/State and Zip Code

rasbee2014@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SABRINA A DAVIS

954 624-6674
at ()

Name of Person

Area Code

Daytime Telephone Number

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) |
|--|--|--|--|

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**

PROMINENT ASSOCIATES & INVESTOR 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 02/29/2018 and assigned
Florida document number L18000036913.

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)

19821 NW 2nd AVE STE 406

MIAMI GARDENS, FLA 33169

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19821 NW 2nd AVE STE 406

MIAMI GARDENS, FL 33169

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

Name of New Registered Agent:

SABRINA A DAVIS

New Registered Office Address:

12505 NW 27th AVE APT 103

Enter Florida street address

MIAMI

City

Florida

33169

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.

Sabrina Davis
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>	<u>Type of Action</u>
MGR	SABRINA A DAVIS	19821 NW 2nd AVE STE 406	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS, FL 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P,S	SABRINA A DAVIS	12505 NW 27th AVE STE 103	<input type="checkbox"/> Add
		MIAMI, FL 33167	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO, T	SABRINA A DAVIS	12505 NW 27th AVE APT 103	<input type="checkbox"/> Add
		MIAMI, FL 33167	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

REMOVE SABRINA A DAVIS AS CEO, T, P & S

FILED
2018 MAR 14 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

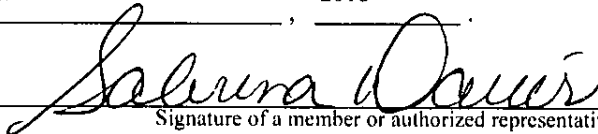
E. Effective date, if other than the date of filing: _____ (optional)

(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 MARCH 12th, 2018



Signature of a member or authorized representative of a member

SABRINA A DAVIS

Typed or printed name of signee