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Ta:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: PRIME GENERAL LLC

Account Number : 12017000053

Phone

: (954)624-4807

Fax Number

: (954)392-8748

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE GROVE AT PORTFOLIO VINEYARDS LLC

Certificate of Status	0	
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

The Grove at Portfolio Vineyards 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:

LARRY M. ABBO

Name of Person

PRIME HOSPITALITY GROUP, LLC

Firm/Company

4651 SHERIDAN STREET #480

Address

HOLLYWOOD, FLORIDA 33021

City/State and Zip Code

administration@primegroupus.com

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

For further information concerning this matter, please call:

Larry M. Abbo

ame of Person

,,954

392-8788

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

☐ \$60.00 Filing Fee,
Cartificate of Status &
Certified Copy
(udditional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, 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

18 MOV 114 AM 5: 20

The Grove at Portfolio Vineyards 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		25/18 and assigned
Florida document number L1800022707	<u>1</u> .	
This amendment is submitted to amend the f	ollowing:	
A. If amending name, enter the new name	e of the limited liability company her	<u>'e</u> ;
The Grove at Portofino Vineyards L	LC	
The new name must be distinguishable and end with t	the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if app		
(Principal office address MUST BE A STRI		
Enter new mailing address, if applicable:		
Muiling address MAY BE A POST OFFIC	<u> </u>	
3. If amending the registered access		
 If amending the registered agent an egistered agent and/or the new registered 	d/or registered office address on office address here:	our records, enter the name of the ne
	<u> </u>	
Name of New Registered Agent:	STEVEN B. GREENFIELD	, ESQ.
New Registered Office Address:	9130 S. DADELAND BLVD	D, SUITE 1509
		street address
	MIAMI	22450
		Florida 3315b
and the other control of the control	City	Florida 33156 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name <u>Address</u> Type of Action Regal Partners LLC 6111 Broken Sound Parkway NW **AMBR** Boca Raton, FI 33487 MISHABB LLC **AMBR** 19331 NE 19 Place □ Add North Miami Beach, FI 33179 ____ D Remove □ Add □ Remove

mending any other informat	tion, enter change(s) here: (Attach additional sheets, if necess
tive date, if other than the differive date must be specific, cannot the this document is filed by the Flor	date of filing: September 25,2018 (options of the prior to date of receipt or filed date and cunnot be more than 90 days after date Department of State)
September 26	2018
	
	Signature of a months or in fluthorized representative of a member
Larry M. Abbo	y y

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Filing Fee: \$25.00