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COVER LETTER

	gistration Sec dision of Corp			ı t ı
CHE IN CO.	FSJJ, LLC			•
SUBJECT:		Name of Li	mited Liability Company	·
The enclosed	d Articles of A	mendment and fee(s) are su	bmitted for filing.	
Please return	ı all correspon	dence concerning this matte	τ to the following:	
		Nancy Gold		
		Law Office Gold & Parad	Name of Person	
		Tour Ottles Cold of 1 4180	Firm/Company	· · · · · ·
		9200 South Dadeland, Sui	· ·	
		Miami, FL 33156	Address	
		nancy@acgoldlaw.com	City/State and Zip Code	
			(to be used for future annual report noti	fication)
For further in	dormation con	cerning this matter, please c	pĺl;	
Nancy Gold			305 667-0575	
	Name of P	etzon		é Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fce & Certified Copy (additional copy is enclosed)	☐ \$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

BLACKSTONE LEGAL SUPPLIE

12/02/2018 10:28AH FAX 8546414182

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FSJJ, LLC		
(Name of the Limited Liability Company as (A Florida Limited Liability)	it now appears on our records.)	
(Communication of the communi		
The Articles of Organization for this Limited Liability Company were	filed on October 31, 2019	and assigned
Florida document number 1190027253/		D
This amendment is submitted to amend the following:	70 4. 7	of No
A. If amending name, enter the new name of the limited liability	company here:	Ŭ :
PRIME REALTY FSJI, LLC	<u></u>	rg.
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the	aboreviation "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)		
<u></u>		
B. If amending the registered agent and/or registered office	iddress on our records, ente	r the name of the n
egistered agent and/or the new registered office address here:		
•		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	The A so	
C	, Florida _	Zip Code
lew Registered Agent's Signature if changing Paginton Agent	•	Tib music

'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

MCR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
•			□ Remove
			Change
			□ Remove
			Change
	<u> </u>	<u> </u>	
			□ Remove
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fect.	ve date, if other than the date of filing: (optional) to the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu If the date inserted in this block does not received by prior to date of filing or more than 90 days after filing.)	
<u></u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nearly effective date on the Department of State's records.	uant to 605.0207 not be listed as
rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	ne earlier of
	November 15 2019	
ted _	2019	
ted ₋	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
ted ₋	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00