

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : DAVID C. HASTINGS, CPA, PA

Account Number : I2000000168 Phone : (727)322-0909

Fax Number : (727)610-8595

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOME PRIME INVESTMENT GROUP, LLC

Certificate of Status	0
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Help

Corporate Filing Menu

2020 JUL - 9 Ph

No. 7941

H200002170831 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

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HOME PRIME INVESTMENT GROUP (Name of the Limited Li	P, LLC ability Company as it now appears on our records.) lorida Limited Liability Company)
(A F)	lorida Limited Liebility Company)
The Articles of Organization for this Limited Liabili	ity Company were filed on 12/23/2019 and assigned
Florida document number L19000305290	
	 :
This amendment is submitted to amend the following	g:
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."
Cutary name noise of a file of the control of a market be	
Enter new principal offices address, if applicable:	
<u> Principal office address MUST BE A STREET AL</u>	DDRESS)
	•
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter the name of the new regist</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	
Men vestigation Office Andress.	
New Registered Office Address.	Enter Florida street address
New Registered Office Address.	Enter Florida strees address , Florida City Zip Code

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

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Jul. 9. 2020 2:26 PM H 200000 17083 1 No. 7941 F. 3

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>	Name	Address	Type of Action
MGR	ALEJANDRO VAZQUEZ	2207 54TH ST S	□Add
		GULFPORT, FL 33707	Remove
			Change
			CAdd
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			more than 90 days after fil	ing.) Pursuant to 605.020
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Filing Fee: \$25.00