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COVER LETTER

TO: Registration Se Division of Cor			
A-1 PRIME		•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHRIS D LAWRENCE		
		Name of Person	
	A-1 PRIME REALTY		
		Firm/Company	
	10611 TAMIAMI TRAIL	N STE A4	
		Address	
	NAPLES FL 34108		_
		City/State and Zip Code	·
	CHRIS.LAWRENCE101@		
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	(Incation)
CHRIS LAWRENCE		239 289-0355	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he 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, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration S	ection
Division of C		Division of Co	orporations
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A-1 PRIME REALTY LUC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	iny were filed on JANUARY 14, 2020	and assigned
Florida document number L20000021244		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		202
		of EB
Enter new mailing address, if applicable:		σ
(Mailing address MAY BE A POST OFFICE BOX)		0
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	-	= = = = = = = = = = = = = = = = = = = =
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the nan</u>	ne of the n éw registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	, riorida	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 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>	Address	Type of Action
AMBR	DAWN A MILLER	10611 TAMIAMI TRAIL N STE A4	□Add
		NAPLES FL 34108	Remove
			□Change
			□Add
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cord specifies a delayed s filed.	effective date,	but not an effecti	ve time, at 12:0	I a.m. on the ear	lier of: (b) The	90th day after th
ed FEBRUARY 7		2020				
//	In D	om lu			<u></u>	
	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ire of a member or	authorized raproc	aminting of a many		

Filing Fee: \$25.00