

L 210000359754

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6393

From: Account Name : PRIME GENERAL LLC
Account Number : I20170000053
Phone : (954)624-4601
Fax Number : (954)241-7812

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

Email Address: _____

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
PMG HOSPITALITY LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$52.50

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PMG HOSPITALITY LLC
Name of Limited Liability Company

The enclosed Articles of Amcndment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LARRY M. ABBO
Name of Person

4651 SHERIDAN STREET
Firm/Company

SUITE 480
Address

HOLLYWOOD, FL 33021
City/State and Zip Code

patti.chlvany@primegroupus.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARRY M. ABBO at (954) 624-4807
Name of Person 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, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PMG HOSPITALITY 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 8/10/21 and assigned Florida document number L21000359754.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

[Handwritten signature and stamp area]
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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DALLAS
FLORIDA

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:

New Registered Office Address:

Enter Florida street address

City Florida *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 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	PRIME GROUP US LLC	4651 SHERIDAN STREET	<input type="checkbox"/> Add
		SUITE 480	<input checked="" type="checkbox"/> Remove
		HOLLYWOOD, FL 3321	<input type="checkbox"/> Change
MGR	PMG MANAGEMENT HOLDINGS LLC	4651 SHERIDAN STREET	<input checked="" type="checkbox"/> Add
		SUITE 480	<input type="checkbox"/> Remove
		HOLLYWOOD, FL 3321	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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.)*

(This section contains horizontal lines for amending information, which have been crossed out with a diagonal line.)

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 OCTOBER 25

2021

PMG HOSPITALITY LLC

(Signature)
Signature of a member or authorized representative of a member

LARRY M. ABBO, MANAGER

Typed or printed name of signee

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 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

FILED