Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PRIME GENERAL BLC Account Number : 120170000053

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/LLLP 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 Se Division of Con				
SUBJE	CT: PMG HOS	PITALITY LLC			
		Name of Lin	nited Liability Company		· · · · · · · · · · · · · · · · · · ·
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
		ondence concerning this matter	_		
		LARRY M. ABBO			
		LARRY M. ABBO	Name of Person		
		4651 SHERIDAN STREE	T Firm/Company		· · · · · · ·
			. ,		
		SUITE 480			
			Address		
		HOLLYWOOD, FL 3302	1		
			City/State and Zip C	odc	
		patti.chlvany@primcgroupt E-mail address: (is.com		
				nual r ep ort notificat	non)
For furth	er information c	oncerning this matter, please c	ali:		
TARRV	M. ABBO		at (<u>954)</u>	624-4807	
<u> Eruari</u>	Name o	(Person	Area Code		lephone Number
Enclosed	l is a check for th	e following amount:			
□ \$2 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy (additional copy i	y.	S60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres			t Address:	on.
Registration Section Division of Corporations		_	Registration Section Division of Corporations		
P.O. Box 6327		The	The Centre of Tallahassee		
	Tallahassee, F	FL 32314	2415	5 N. Monroe St	treet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PMG HOSPITALTIY LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) 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 liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Linbi	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		2891	
		- 3 - 3 -	
		FIL 127	
Enter new mailing address, if applicable:		P	
(Mailing address MAY BE A POST OFFICE BOX)		951 72 173 73	
		ω	
B. If amending the registered agent and/or registered office	address on our records, enter the	• • • • • • • • • • • • • • • • • • • •	
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Marida street address		
	City Florid:	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I of provided for in Chapter 605, F.S.	am familiar with and Or, if this document is	

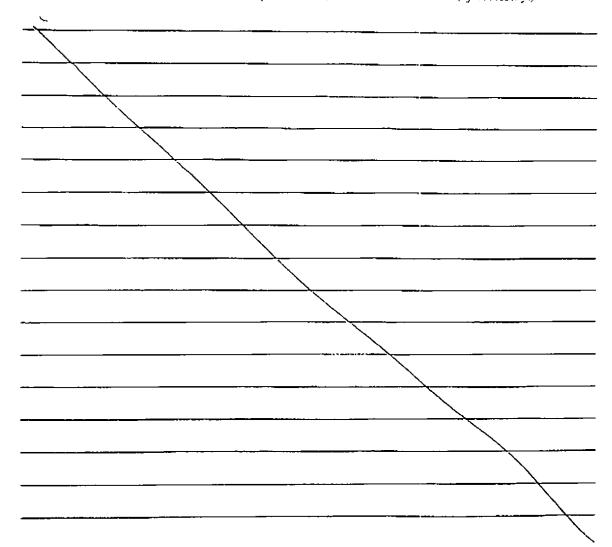
If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
<u>MGR</u>	PRIME GROUP US LLC	4651 SHERIDAN STREET	⊡∧dd
		SUITE 480	BRemove
		HOLLYWOOD, FL 3321	Change
MGR	PMG MANAGEMENT HOLDINGS LLC	4651 SHERIDAN STREET	🖾 Add
		SUITE 480	□Remove
		HOLLYWOOD, FL 3321	□Change
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
			□ Add
			Remove
			□ Change
			□Add
			□ Remove

D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.,
-------------------------------------------------------------	-------------------------------------------



E. Effective date, if other than the date of filing:

(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.

