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•		COVER	ETTER	
TO: Registration So Division of Co				,
PROPERT	Y PRIME CIRCLE GROUP LE	C		•
SUBJECT:	Name of Limit	ed Liability Co	mpany	:
The enclosed Articles of	Amendment and fee(s) are subn	nined for filing	<u>y</u> .	
Please return all correspo	andence concerning this matter to	o the followin	g:	
	HOLGER TERSTIEGE			
		Name of	Person	
	PROPERTY PRIME CIRC	LE GROUP L	J.C	
		Fimi/Co	mpany	
	4380 BOCAIRE BOULEV	ARD		
		Addi	ess	
	BOCA RATON, FLORIDA	A 33487		
		City/State and	l Zip Code	
	TERSTIEGE.HOLGER@Y.	аноо.сом		
	E-mail address: (to	o be used for fu	ture annual report no	otification)
For further information	concerning this matter, please ca	11:		
KORY K. SGRIGNOL	I, JR.	75	300-7149	
Name	of Person	at (Are	Code Dayt	ime Telephone Number
Enclosed is a check for (the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certifi	Filing Fee & ad Copy al copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27		Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, I	orporations Tallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROPERTY PRIME CIRCLE GROUP LLC		j
(<u>Name of the Limited Liability Compa</u> (A Florida Limited		• • • • •
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000387839}{1.21000387839}$	were filed on August 30, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4380 BOCAIRE BOULEVAR	D
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FLORIDA 33	3487
Enter new mailing address, if applicable:	4380 BOCAIRE BOULEVAR	D
Mailing address MAY BE A POST OFFICE BOX)	BOCA RATON, FLORIDA 33	3487
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	s
	, F10 , City	orida 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
			□Remove
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If amending any other informa	ation, enter change(s) her	e: (Attach additional sheets, if necessary.)	
			
			
			
<u></u>	-		
<u></u>			
			
	January 1s	1 2022	
. Effective date, if other than the (If an effective date is listed, the date m	e date of thing:	or to date of filing or more than 90 days after filing.) Pursuant t	to 605.0207 (3)(t
Note: If the date inserted in this land document's effective date on the	block does not meet the appl	cable statutory thing requirements, this date with not o	e fisted as the
the record specifies a delayed effect cord is filed.	ive date, but not an effective	time, at 12:01 a.m. on the earlier of: (b) The 90th day	/ after the
Dated		1/2 MA	
		Wale Solder.	
	Signature of a member or au	herized representative of a member	