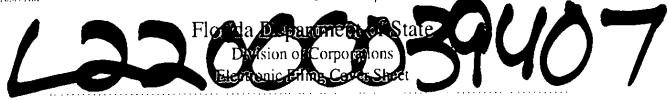
2/4/22, 8:04 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107

Fax Number : (561)214-8442

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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T. LEMIEUX Help FEB 07 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	?	9			•	
·	PRHI Manage	r. LLC				
		(Name of the Limi	ted Liability Compar (A Florida Limited L	ny as it now appears on our reco lability Company)	ords.)	
The Article	es of Organizatio	n for this Limited L	iability Company	were filed on 02/03/2022		and assigned
Torida do	cument number _	.22000039407				
This amen	dinent is submitte	ed to amend the foll	lowing:			
A. If ame	nding name, <u>ent</u>	er the new name o	of the limited liabi	lity company here:		
The new nam	ne must be distinguis	hable and contain the	words "Limited Liabili	ty Company," the designation "L	.LC" or the abbres	riation "L.L.C."
Enter nev	v principal office	s address, if appli	cable:			
<u>Principal</u>	office address M	<u>UST BE A STREI</u>	ET ADDRESS)			
Enter nev	v mailing addres	s, if applicable:			<u> </u>	
Mailing a	address MAY BE	A POST OFFICE	BOX)			
						2
B. If ame	ending the regist	ered agent and/or	registered office a	ddress on our records, <u>ent</u>	ter the name o	
agent and	vor the new regi	stered office addre	as nere.		1 * • •	B -
<u>!</u>	Name of New Rep	gistered Agent:				F 15
1	New Registered C	Office Address:		Enter Florida street ade	dress	
				THE TOTAL WELLOW	5-	Cd
			*****************	City		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
President	Perez. Jorge M.	2850 Tigertail Ave. Suite 800	① Add
		Miami, FL 33133	□Remove
Vice President	Allen, Matthew J	2850 Tigertail Ave, Suite 800	
		Miami, FL 33133	□Remove
			□Change
VP. Secretary	Hoyos, Jeffery	2850 Tigertail Ave, Suite 800	
		Miami, FL 33133	□Remove
			□Change
Vice President	Perez, Jon Paul	2850 Tigertail Ave, Suite 800	
		Miami, FL 33133	☐Remove
			🗆 Change
Vice President	Gerber, Ben	2850 Tigertail Ave, Suite 800	■Add
		Miami, FL 33133	□ Remove
			□Change
			□Remove

ffective date, if other than the date of filing:					
Fective date, if other than the date of filing: 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 ofte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as secured; seeffective date on the Department of State's records. The 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 is filed. Signature of a member or authorized representative of a member.					
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Signature of a member or authorized representative of a member		· ·	pel		
		Signature of a member or authoriz	·	ber	_
to the below Assume to Land		-	•		

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