

5/12/22, 10:45 AM

Division of Corporations

Florida Department of State

L220001702683AEC1040

Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)517-5383

From: Account Name : FORSTERBOUGHMAN  
Account Number : 120140000876  
Phone : (407)255-2055  
Fax Number : (407)264-8295

2022 MAY 12 PM 1:50

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

Email Address: das@blackriverequity.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PRIMA FLORA II, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

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### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Prima Flora II, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Gary A. Forster

Name of Person

ForsterBoughman

Firm/Company

2200 Lucien Way, Suite 405

Address

Maitland, FL 32751

City/State and Zip Code

das@blackriverequity.com

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary A. Forster

407 255-2055  
at ( )

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

Prima Fiora II, 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 April 15, 2022 and assigned Florida document number L22000161040.

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)

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:

401 S. County Road #3037

*Enter Florida street address*

Palm Beach

*City*

Florida

33840

*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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <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 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |

