

h22000253891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

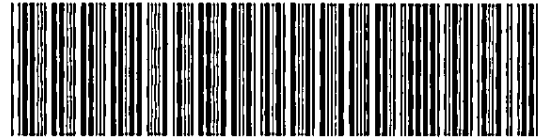
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

~~789, 4003, 672~~

Office Use Only

*[Signature]*



000390685560

07/18/22--01026--010 \*\*25.00

2022 OCT 24 PM 1:56  
DIVISION OF CORPORATIONS  
STATE OF NEW YORK

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PRIME PROPERTY ENTERPRISES 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:

GIULIA E RODRIGUEZ LEYVA

\_\_\_\_\_  
Name of Person

PRIME PROPERTY ENTERPRISES LLC

\_\_\_\_\_  
Firm/Company

816 BORDEAU AVE W

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32211

\_\_\_\_\_  
City/State and Zip Code

atprimemanagement@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIULIA E RODRIGUEZ LEYVA

904

520 9397

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

22 OCT 24 PM 1:56

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

STATE OF FLORIDA  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 29, 2022

GIULIA E RODRIGUEZ LEYVA  
816 BORDEAU AVE  
W  
JACKSONVILLE, FL 32211

SUBJECT: PRIME PROPERTY ENTERPRISES LLC  
Ref. Number: L22000253891

CHECK (CASHIER  
CHECK)  
WAS NOT  
RETURNED.

We have received your document for PRIME PROPERTY ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall  
OPS Clerk

Letter Number: 122A00021792

22 OCT 24 PM 1:57  
DIVISION OF CORPORATIONS

SEP 29 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PRIME PROPERTY ENTERPRISES 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:

GIULIA E RODRIGUEZ LEYVA

\_\_\_\_\_  
Name of Person

PRIME PROPERTY ENTERPRISES LLC

\_\_\_\_\_  
Firm/Company

816 BORDEAU AVE W

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32211

\_\_\_\_\_  
City/State and Zip Code

atprimemanagement@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIULIA E RODRIGUEZ LEYVA

904  
at ( )

520-9397

\_\_\_\_\_  
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

22 OCT 24 PM 1:57

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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

RECEIVED  
DIVISION OF CORPORATIONS  
OCT 24 PM 1:57

22 OCT 24 PM 1:57

U.S. DEPARTMENT OF STATE  
DIVISION OF CONFORMATION  
22 OCT 24 PM 1:57

(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)

Dated OCT 13, 2022

Typed or printed name of signee