122000253491

| (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





000390685560

07.118/22--01026--010 **25.00

CIVISION OF COM DEASON.

HIVEDHADD EN KOISIAIC A

22 OCT 24 PM 1: 56

COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| Divi | sion of Corp | porations | | | | |
|----------------|----------------------------|--|---|----------------------------|---|------------------|
| | | OPERTY ENTERPRISES LLO | | | | |
| SUBJECT: | | Name of Lim | ited Liability Company | | | |
| The enclosed | Articles of A | Amendment and fee(s) are sub | mitted for filing. | | | 22 (|
| Please return | all correspo | ndence concerning this matter | to the following: | | | 22 0CT 24 |
| | | GIULIA E RODRIGUEZ | LEYVA | | | P₩ |
| | | | Name of Person | | | |
| | | PRIME PROPERTY ENT | ERPRISES LLC | | | 56 |
| | | | Firm/Company | | | , |
| | | 816 BORDEAU AVE W | | | | ٠. |
| | | | Address | · · · | | |
| | | JACKSONVILLE, FL 322 | 11 | | | : |
| | | | City/State and Zip Code | e | | • |
| | | atprimemanagement@gmail | | | | • |
| | | | o be used for future annua | il report notificati | ion) | |
| For further in | formation co | oncerning this matter, please ca | all: | | | |
| GIULIA E RO | | | 904 5: at () _ | 20 9397 | | |
| | Name of | Person | Area Code | Daytime Tel | lephone Number | - |
| Enclosed is a | check for the | e following amount: | | | | |
| ■ \$25.00 Fi | ling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee Certified Copy (additional copy is en | | S60.00 Filing Fe Certificate of S Certified Copy (additional copy is | tatus & |
| | ing Address istration S | | | Address: ration Section | n | |

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE CHECK (CASHIER) WAS NOT LLC RETURNED. **Division of Corporations**

September 29, 2022

GIULIA E RODRIGUEZ LEYVA 816 BORDEAU AVE JACKSONVILLE, FL 32211

SUBJECT: PRIME PROPERTY ENTERPRISES LLC

Ref. Number: L22000253891

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

SET 2 4 2022

- COVER LETTER

TO:

Registration Section

| Division of Coa | rporations | | | |
|--------------------------------|--|---|--|--------------------|
| | OPERTY ENTERPRISES LL | С | | |
| SUBJECT: | Name of Lin | nited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | GIULIA E RODRIGUEZ | LEYVA | | |
| | - " | Name of Person | | |
| | PRIME PROPERTY ENT | ERPRISES LLC | | |
| | | Firm/Company | | |
| | 816 BORDEAU AVE W | | | 22 |
| | | Address | | 00. |
| | JACKSONVILLE, FL 322 | 211 | | 22 OCT 24 PM 1: 57 |
| | | City/State and Zip Code | - | |
| | atprimemanagement@gma | l.com to be used for future annual report no | *:G!N | |
| For further information of | concerning this matter, please c | · | artication) | -1 |
| GIULIA E RODRIGUE | - • | 904 520-9397 | | |
| | | at () | | _ |
| Name o | of Person | Area Code Dayti | me Telephone Number | |
| Enclosed is a check for the | he 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 For Certificate of S Certified Copy (additional copy is | tatus & |
| Mailing Address Registration 5 | | Street Address: Registration S | ection | |
| Division of C | Corporations | Division of Co | | |
| P.O. Box 632 | | The Centre of | | |
| Tallahassee, | CL 32314 | 2413 N. Monr | oe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PRIME PROPERTY ENTERPRISES LLC | | |
|--|---|---------------------------|
| (<u>Name of the Limited Liabili</u> (A Florida | ity Company as it now appears on our records.) a Limited Liability Company) | |
| The Articles of Organization for this Limited Liability C | Company were filed on | and assigned |
| Florida document number L22000253891 | _ _ · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| PRIME ENTERPRISES MANAGEMENT LLC | | |
| The new name must be distinguishable and contain the words "Lim | nited 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 ADDI | RESS) | 22 |
| | | 30 Sign |
| | | 2 97 |
| Enter new mailing address, if applicable: | | |
| | | <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX) | | ### (* 2.5) |
| | | <u> </u> |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our records, <u>enter the</u> | name of the new registe |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | . Floric | da |
| | City , T 10110 | 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:

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-------------|----------------|
| | | | |
| | | | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
| | | | CTAdd OF C |
| | | | |
| | | | ☐Remove |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |
| | | | □Add |
| | | | □Remove |
| | | | |
| | | | □Add |
| | | | □Remove |
| | | | |

| | | | | | | - | |
|--|----------------|-------------------|------------------|------------------|-------------------|---|-----------------------|
| | | | | | | | |
| | | • | | , | | <u> </u> | _ _ |
| | | | | | <u>.</u> | | |
| | | | | | | | _ |
| | | | | | | | |
| | | - | | | <u>.</u> | | _ |
| | | | | | <u></u> _ | | _ |
| | | | | | | <u>~</u> | _\ <u>\</u> |
| | | | | | | 000 | <u></u> 2 <u>0</u> |
| | | | | | | 124 | \$15 \$15 |
| | | | | | | P | —044 2004 |
| | | | ·· - | <u> </u> | | | —994 144 |
| | | | | | | 5 | —2:: |
| | <u> </u> | | | | | | _ |
| | | | | | | | |
| | | <u></u> | | | | | |
| | | | | <u>_</u> _ | | | _ |
| ffective date, if other than an effective date is listed, the date ote: If the date inserted in this | must be specif | fic and cannot be | prior to date of | f filing or more | han 90 days after | onal) r filing.) Pursuant to e s date will not be l | 505.020 isted a |
| ocument's effective date on the | : Departmen | t of State's rec | ords. | ,, | 1 , | | |
| record specifies a delayed effer is filed. | ctive date, bu | it not an effect | ive time, at 1 | 2:01 a.m. on t | he carlier of: (b |) The 90th day a | fter the |
| oted OCT 13 | _ | | | | | | |
| | (- | | | | | | |
| | - 63 | | | | member | | |