## L23000540887

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Pusiness Entity Name)                  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
| Special instructions to Filing Onicer.  |  |  |  |  |  |

Office Use Only



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12/14/23--01016--037 \*\*25.00

## **COVER LETTER**

| TO: Registration Section Division of Corpora |   |   |  |
|--|---|---|--|
| SUBJECT: Prin                                | ne Services Name of Lim                         | Porperty Ma   | nagement LLC.  |
| The enclosed Articles of Ame                 | ndment and fee(s) are sub                       | mitted for filing.  |  |
| Please return all corresponder               | ice concerning this matter                      | to the following:   |  |
|  |   | Name of Person  Vices Porperty  Pirm/Company                                    | Management. LLC  |
| -  | 18830 M   | ariner Inlet I  | )c   |
| -  | Boca Rator<br>Ferenchland<br>E-mail address: (1 | City/State and Zip Code  Coom Me. Com  to be used for future annual report noti | fication)  |
| For further information conce                |   |   |  |
| Ferenc E. Name of Per                        |   | at ( <u>954</u> ) <u>J32</u> - Area Code Daytim                                 | 36 (3)<br>e Telephone Number   |
| Enclosed is a check for the fo               | llowing amount:                                 |   |  |
| □ \$25.00 Filing Fee                         | \$30.00 Filing Fee &<br>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:                             |   | Street Address:   |  |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Prime Services Porperty Management
(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  $\frac{12/06/2023}{}$ 

| This amendment is submitted to amend the following:   |  |                 |            |          |      |
|---|--|-----------------|------------|----------|------|
| A. If amending name, enter the new name of the limited liabi  | lity company here:                     |                 |            |          |      |
| Prime Services Property The new name must be distinguishable and contain the words "Limited Liability". | Management                             | - 1             | LLC        | ا<br>سر  |      |
| The new name must be distinguishable and contain the words "Limited Liabil                              | ity Company," the designation "LLC" or | the abbrev      | riation "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 a  | ddress on our records, enter the       | name o          | f the ne   | w regist | erec |
| agent and/or the new registered office address here:  | · <del></del>                          | · · · ·         | 긝          | 3        |      |
|   |  | •               |            | i        |      |
| Name of New Registered Agent:   |  | -,              |            |          |      |
| New Registered Office Address:  |  |                 | AN 157     | *        |      |
|   | Enter Florida street address           | <u>.</u><br>:5: | <br>       |          |      |
|   | , Florid                               |                 | Zin Cada   |          | _    |
|   |  |                 |            |          |      |

## New Registered Agent's Signature, if changing Registered Agent:

Florida document number L23000540887.

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 |
|--------------|--|---------------------------------------|----------------|
|              | ,————————————————————————————————————— |                                       | □ Add          |
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|              |  |                                       | Remove         |
|              |  |                                       | □Change        |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated December 11TH Signature of a member or authorized representative of a member

THE COLOR

Typed or printed name of signce