## L24000H83 89

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## **COVER LETTER**

TO:	Registration Section Division of Corpo			
CI'D II	Prime !	Living Properties LLC	,	
SUBJI	:C1:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The en	closed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		Veroniq	ue Leroy	
			Name of Person	
		Prime Livin	g Properties LLC	•••••1 ·
			Firm/Company	
		9281 South	nern Orchard Rd N	) s
			Address	· · · · · · · · · · · · · · · · · · ·
		Davie, FL	33328	(*) *:
			City/State and Zip Code	
		Primelivingren	tals@gmail.com	
		E-mail address: (	to be used for future annual report no	tification)
For fur	ther information con	ecerning this matter, please ca	all;	
	Veronique Leroy	<i>(</i>	at ( 413 ) 206-93	993
	Name of P	Person		ne Telephone Number
Enclos	ed is a check for the	following amount:		
<b>S</b> 2	5.00 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 Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## Prime Living Properties LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Lin	nited Liability Company,	ı	
The Articles of Organization for this Limited Liability Com-	pany were filed on _	January 25th, 202	4 and assigned
Florida document number <u>L24000048389</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company l	<u>nere</u> :	
•			
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:	9281 Sou	thern Orchard Rd N	· ·
(Principal office address MUST BE A STREET ADDRES	Davie, FL	. 33328	
Enter new mailing address, if applicable:	9281 S	outhern Orchard R	d N
(Mailing address MAY BE A POST OFFICE BOX)	Davie,	FL 33328	
mraning today Cos Mill DE 71 1 CO 1 CA 1 1 CO 2			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:	Tice address on our	records, enter the na	me of the new register
	9281 Southern O	rchard Rd N	
New Registered Office Address:		orida street address	
Dav	vie, FL	, Florida	33328
	City		Zip Code
New Registered Office Address:  Dave the Dave th	vie, FL City	orida street address	
harman the annual management and another the		n agnasitu I funtban a	ana ta aamplu with th

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>	<u>Address</u>	Type of Action
Manager ———	Veronique Leroy	9281 Southern Orchard Rd N	
		Davie FL 33328	□Remove
			Change
Manager ———	Juan Gonzalez	9281 Southern Orchard Rd N	
		Davie FL 33328	Remove
			Change
	·		□ Add
			□Remove
			Change
			□Âdd
			□Remove
			□ Change
			□Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□ Change

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ive date, if other than the date of filing:	o <b>nal)</b> filing.) Pu	ursuant to 605.
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