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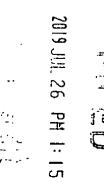
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C. GOLDEN AUG - 5 2019

## **COVER LETTER**

Division of Cor	porations		
SUBJECT.	PRF HOLDINGS, LLC	;	
SUBJECT:	Name of Limite	d Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are submi	itted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	Patrick C. Hosmann		
		Name of Person	
	PRF Holdings, LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	1120 N.W.51st Court		
		Address	
	Fort Lauderdale, FL 33309		
	<del></del>	City/State and Zip Code	
	pat@scross.com		
	E-mail address: (to	be used for future annual report notif	ication)
For further information c	oncerning this matter, please call	:	
Patrick C. Hosmann		954 328-1171 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

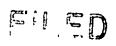
Registration Section

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

## STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 JUL 26 PM 1: 15

PRF HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	sett ki
The Articles of Organization for this Limited Liability Company were filed on 7/22/1998  Florida document number L98000001160	and assigned
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, <u>cregistered agent and/or the new registered office address here</u> :	enter the name of the no
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	
Florie	da
Florid	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>	Address	Type of Action
			□ Remove
			Change
		Remove	
	<del> </del>	Change	
		□ Remove	
			Change
		Remove	
	<del></del>	Change	
			Add
		Remove	
	<u></u>	Change	
			Remove
			Change

sha	Ill continue its existence unless and until terminated by the members pursuant to Florida law."
An	ticle 9 is deleted.
_	·· <del></del> -
an effect fote: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
ated	July 18 2019
	Signature of a member or authorized representative of a member  PATRICK C. HOSMANN
	1

Page 3 of 3

Filing Fee: \$25.00