

(Re	questor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
		· .
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800320778128

12/21/18--01001--010 **i0.00

11/27/18--01007--015 **100.00

And

FILED
2018 DEC 21 AH IO: 4
SESPENSES MADE M

0 WATE



December 6, 2018

MARGARITA GALIANA 6100 BLUE LAGOON DR., SUITE 410 MIAMI, FL 33126

SUBJECT: PRIME AT THE ESMERALDA II, INC.

Ref. Number: P08000071779

We have received your document for PRIME AT THE ESMERALDA II, INC. 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 above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Rebekah White Regulatory Specialist II

SECRE AND SECRETARY

Letter Number: 818A00025095

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Prime at the Esme	rlada II, Inc.	
DOCUMENT NUMI	P08000071779		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Margarita Galiana		
		Name of Contact Persor)
		Firm/ Company	
	6100 Blue Lagoon Dr., Suite	410	
		Address	
	Miami, FL 33126		
		City/ State and Zip Code	e
jmene	endezta americanprime.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Jose Menendez		at (267-9660
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check to	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Amend Divisio Clitton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 2018 DEC 21 AM 10: 45

Prime at the Esmeralda II, Inc.

Time at the Catherana II, Inc.		Cros.
(Name o	of Corporation as current	ly filed with the Florida Depk of State) . J. STATE
908000071779		HILLMASSEE, FL
	(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607, is Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(
x. If amending name, enter the new na	ime of the corporation:	
		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associa	iation "Corp." "Inc." or "	m," "company," or "incorporated" or the abbreviation — "Co". A professional corporation name must contain the — "P.A."
3. Enter new principal office address,	if annlicable:	6100 Blue Lagoon Drive, Suite 410
Principal office address MUST BE A S		Miami, FL 33126
Enter new mailing address, if appli (Mailing address MAY BE A POST)		6100 Blue Lagoon Drive, Suite 410
		Miami, FL 33126
		.,
 If amending the registered agent an new registered agent and/or the new 		
		_
Name of New Registered Agent 6100 Blue Lagoon Drive.		Spite 410
		reet address)
		33176
<u>New Registered Office Address:</u>		, Florida
		<i>,,,</i>
<u>New Registered Office Address:</u>	Miami	Florida 33126 (City) (Zip Code)
New Registered Agent's Signature, if c		
hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligations of the position
	Charles of Via	Registered Agent if changing
	MURATHUE OF NEW /	NEVIMETER AYEM. D CRABUMY

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer director title by the first letter of the office title:

P = President, V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Frustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT 3c</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	tike Jones	
_X Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PRES	Margarita Galiana	5775 Blue Lagoon Drive, Suite
Add			350, Miami, FL 33126
X Remove			
2+ Change	PRES	Margarita Galiana	6100 Blue Lagoon Drive, Suite
X Add			410, Miami, FL 33126
Remove			
3.1 Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Romavo			

	necessary). – (Be speci)	tic)		
	<u> </u>			
· -				
	·		 :	
<u> </u>				
			<u> </u>	
		<u> </u>		
an amendment proyides	for an exchange, recla	essification, or cance	Hation of issued sha	res.
provisions for implementi	ing the amendment if r	of contained in the :	ımendment itself:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	cate N A)			
cit not applicable, indic				
(if not applicable, indic				
(if not applicable, indic				
(if not applicable, indic				.,
(if not applicable, indic		=		<u> </u>
(if not applicable, indic				
(if not applicable, indic				
(if not applicable, indi				
(if not applicable, indi				
(if not applicable, indi				
(if not applicable, indi				
(if not applicable, indi				
(if not applicable, indi				
(if not applicable, indi				
(if not applicable, indi				
(if not applicable, indi				

The date of each amendment(s date this document was signed.) adoption:	, if other than the
	December 13, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requireme Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the and sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amendment	
	ast for the amendment(s) was/were sufficient for approval	
h <u>y</u>	(voting group)	
	adopted by the board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shar	eholder
DatedSignature		
sele	a director, president or other officer – if directors or officers have eted) by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)	
	Margarita Galiana	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	