P14000084783

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: PR Pri	me Real Estato Co.
DOCUMENT NUMBER: P14000	0684783
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Jaine 1	Malamoutsi6 Name of Contact Person
	e Real Estato Co.
	Jamison Ct Address
	City/ State and Zip Code
	City/ State and Zip Code
E-mail address: (td be t	ine realty Qanail. comused for future annual report notification
For further information concerning this matter, plea	ase call:
Jaine Malanouts.	at (786) 266-9933 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 Filing Fee \$\sum \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

Articles of Amendment

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Articles of Incorporation

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PR Prime Real Est	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P140000747	83
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
AIL A	The next
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co" or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	- A / A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 22
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	<u> </u>
(Florida stree	t address)
New Registered Office Address: Wilk	. Florida
	City) Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position. sistered Agent, if changing
Signature of New Reg	usierea Agent, ij changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 = Trustee; 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: X Change	<u>pr</u>	<u>ladol.</u>	Dog	
X Remove	<u>V</u>	Mike .	lones	
<u>X</u> Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	49		Steven Malamoutsis	Leal Jamison Ct
X_ Add				Jacksonville FL 32258
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
6) Change				
Add				
D				

(Attach additional sheets, if necessary). (Be specific)	
	
	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
NA	
	 -
	
	

The date of each amendment(s) adoption: 01 01 2020 date this document was signed.	if other than the
Effective date if applicable: 6 1 5 2 2 2 0 (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder was not required.	areholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
hy	
(voting group)	
Dated	
Signature	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fideciary by that fiduciary)	
appointed facility (is that reductary)	
Taine Malanoussia (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	