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SECRETARY OF STATE

N. Cultigan JAN 30 2012

## **COVER LETTER**

TO:	Registration Se Division of Cor		•	
CITE	ЕСТ:	PRIMETIME C	APITAL GROUP LL	C
3000	EC 1.		ted Liability Company	·
		Amendment and fee(s) are sub ondence concerning this matter	•	
			SHAILESH PATEL	
		Name of Person		
		THE CHUGH FIRM		
·			Firm/Company	
2310 P/			ARKLAKE DR, SUITE	525
			Address	
			TLANTA, GA 30345	
SHA			City/State and Zip Code	
			ILESH@CHUGH.COM	
		E-mail address: (t	o be used for future annual report	notification)
For fu	rther information o	concerning this matter, please c	all:	
	SHA	ILESH PATEL	at (770)	881-9207
Name of Person		Area Code & Daytime Telephone Number		
Enclos	sed is a check for the	he following amount:		
\$2.	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc.)	Section 1860.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	STREET/CO Registration S	URIER ADDRESS:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HALL CONTROLLER

12 JAN 27 PM 2. F

	TIME INTER		LC	AHASSEE, FLORID	
(Name of the Limited (A	Liability Company Florida Limited Lia	as it now appears	on our records:) -		
			The Same of	• •	
The Articles of Organization for this Limited Liability Company were filed on			8/4/2011	and assigned	
Florida document numberL11000089	925				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabili	y company here:	,		
PRIME	ETIME CAPITA	GROUP LLC			
The new name must be distinguishable and end with "L.L.C."	h the words "Limited	Liability Compan	y," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		4357 HWY 158	NORTH		
(Principal office address MUST BE A STREE	TADDRESS)	STOCKBRIDGE, GA 30281			
And the second s		1000 (100) (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (100) (1000 (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000) (1000 (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (100) (1000 (100) (100) (100) (100) (1000 (100)	st wires wiene's i	;	
⇒ind (e)				<u></u> .	
Enter new mailing address, if applicable:		4357 HWY 155 NORHT			
(Mailing address MAY BE A POST OFFICE 1	BOX)	STOCKBRIDGE, GA 30281			
·		· · ·			
B. If amending the registered agent and/o registered agent and/or the new registered off		e address on ou	r records, enter t	he name of the new	
Name of New Registered Agent:	REGISTERED AGENTS LEGAL SERVICES, LLC				
New Registered Office Address:	155 OFFICE PLAZA DRIVE, SUITE A				
	Enter Florida street address				
		AHASSEE Florida 32301		32301	
		City		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Title Name **MGRM** SAURIN J PATEL 413 YORKTOWN DRIVE ✓ Add Remove PERRY, GA 31069 ☐ Add Remove ☐ Add Remove Remove ्रमः । यहापुर राष्ट्रसारक्षा २० अध्यक्षा साम्राज्ये १९८० वृङ्गा १८५५ वृङ्गा वृङ्गा वृङ्गा भाषा द <mark>∏Ãdd</mark>ि Remove marile almistrati 🤏 Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) **NEW ADDRESS FOR EXISTING MGRM: POONAM S PATEL** 4357 HWY 155 NORTH STOCKBRIDGE, GA 30281 **JANUARY 06** Dated Signature of a member or authorized representative of a member with the control of the member of a member of a member of the control of the c Typed or printed name of signee 在960年间3个。

Page 2 of 2

Filing Fee: \$25.00