L23000269182

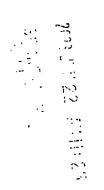
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(Address)	
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(Document Number)	
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration of Division of Control of C	on Section f Corporations		
	ng Authorized Member. In proces t, but did not include the same as	s of registering company, added f Authorized Member.	Registered
3000ECT.	Name of Li	mited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all cor	respondence concerning this matte	er to the following:	
	Nasim M. Zahran		
	Prime Aisle LLC	Name of Person	
		Firm/Company	
	10773 NW 58TH ST #3:	25	<u>.</u>
	DORAL, FL 33178	Address	122
	nasim@primeaisle.com	City/State and Zip Code	
	E-mail address:	(to be used for future annual report no	ification) . It
For further informat Nasim M. Zahran	tion concerning this matter, please	call: 786 910-7326	
N:	ame of Person	at () Area Code Daytin	me Telephone Number
Enclosed is a check	for the following amount:		
☐ \$25.00 Filing F	ce S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	ddress: ion Section of Corporations	Street Address: Registration So Division of Co	
P.O. Box	•	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIME AISLE LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our r Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company L23000269182 Florida document number	/ were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	5600 NW 114th PL APT	214	
(Principal office address MUST BE A STREET ADDRESS)		1 53	
	DORAL, FL 33178		
	<u></u> .,	÷.,	
Enter non-molling address if applicables		22	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		•••	
		na n	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records <u>, c</u>	nter the name of the new regis	
N			
New Registered Office Address:	Enter Florida street a	ddress	
	, Florida City Zip Code		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		- · · · · · · · · · · · · · · · · · · ·	

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

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being addedor removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	NASIM M. ZAHRAN	5600 NW 114th PL #214, DORAL, FL 33178	
			QAdd
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			□Change
			□Add
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fective date, if other than the on effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the Dependent of the decord specifies a delayed effective is filed.	partment of State's records.	ble statutory filing requirem	ents, this date will n	iot be listed as
	2023			
	ZUZJ			
June 14		_·		