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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE: 877096 7,611799 AUTHORIZATION:
AUTHORIZATION :
COST LIMIT : \$ 25.00
ORDER DATE: October 20, 2017
ORDER TIME : 9:57 AM
ORDER NO. : 877096-005
CUSTOMER NO: 7611799
DOMESTIC AMENDMENT FILING
NAME: GML COATINGS, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Roxanne Turner EXT# 62969

EXAMINER'S INITIALS: _

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GML Coatings, LLC			
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)		
The Articles of Organization for this Limited Liability Comp	any were filed on 11/04/2008	an	d assigned
Florida document number L08000103275			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
PRIM HOLDINGS, LLC			_
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" o	or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
			====
Enter new mailing address, if applicable:		;	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
		r • · · · · · · · · · · · · · · · · · ·	_
		, -	<u></u>
B. If amending the registered agent and/or registere	d office address on our records,	enter the n	4-
registered agent and/or the new registered office address	nere.	÷-	Ö
No. 11 of Nov. Designed Agents			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flor	rida	
	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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Tective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block occument's effective date on the Department.	specific and does not a	d cannot be p neet the app	rior to date o plicable sta	of filing or m	ore than 90 og requirem	lays after fili	ng.) Pursuan	it to 605.020 be listed a
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