

Feb 05 16 12:48p

Olga Santini

305 856 6122

p.1

Division of Corporations

Page 1 of 1

**Florida Department of State**  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H16000030600 3)))



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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : PRIME KEYS SOLUTIONS, LLC  
Account Number : I20140000094  
Phone : (305) 856-6121  
Fax Number : (305) 856-6122

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DASSANT HOLDING CO. LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
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S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

H1600003606003  
**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

DASSANT HOLDING CO. LLC

(Name of the Limited Liability Company as it now appears on our records.)  
 (A Florida Limited Liability Company.)

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
 Florida document number \_\_\_\_\_

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
 registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

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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 = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>              | <u>Address</u>          | <u>Type of Action</u>                   |
|--------------|--------------------------|-------------------------|---|
| MGR.         | Ma. Del Carmen Merino J. | 1200 Four Seasons Tower | <input checked="" type="checkbox"/> Add |
|              |                          | 1441 BRICKELL AVE       | <input type="checkbox"/> Remove         |
|              |                          | MIAMI, FL 33129         | <input type="checkbox"/> Change         |
|              |                          |                         | <input type="checkbox"/> Add            |
|              |                          |                         | <input type="checkbox"/> Remove         |
|              |                          |                         | <input type="checkbox"/> Change         |
|              |                          |                         | <input type="checkbox"/> Add            |
|              |                          |                         | <input type="checkbox"/> Remove         |
|              |                          |                         | <input type="checkbox"/> Change         |
|              |                          |                         | <input type="checkbox"/> Add            |
|              |                          |                         | <input type="checkbox"/> Remove         |
|              |                          |                         | <input type="checkbox"/> Change         |
|              |                          |                         | <input type="checkbox"/> Add            |
|              |                          |                         | <input type="checkbox"/> Remove         |
|              |                          |                         | <input type="checkbox"/> Change         |
|              |                          |                         | <input type="checkbox"/> Add            |
|              |                          |                         | <input type="checkbox"/> Remove         |
|              |                          |                         | <input type="checkbox"/> Change         |

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D. If amending any other information, enter change(s) here: *(attach additional sheets, if necessary.)*

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LAW  
OFFICE  
OF  
JAMES  
M. HARRIS  
100

STAFF  
OFFICE  
SECRETARY

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E. Effective date, if other than the date of filing: 02/01/2016 (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated FEBRUARY 1ST 2016

Signature of a member or authorized representative of a member:

Mrs. Del Carmen Merino J.

Typed or printed name of signee

H1600663606003