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## **COVER LETTER**

	Registration Sec Division of Corp					
	GA LINK, I					
SUBJEC	T:		ited Liability Company			
		Amendment and fee(s) are sub- indence concerning this matter				
		SANDRA GARCIA				
			Name of Person			
		GA LINK, LLC				
			Farm/Company			
		130 NW 36TH ST				
			Address	_		
		MIAMI, FL 33127				
			City/State and Zip C	Code		
		BILLING@PRIMETECHS	UPPORT.COM to be used for future an	nous range notal	is attenti	
Bor furthe	er information co	oncerning this matter, please ca		india rejecti izen		
	A GARCIA		786	6006999		•
JAMON		f Person	_	.)	e Telephone Number	
				•	•	,
Enclosed	is a check for th	e following amount:				
	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop tadditional copy	ρλ	Certified	le of Status &
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 assee, FL 32314	Reg Divi Clift	REACT/COURT istration Section ision of Corportion Building I Executive Ce	rations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GA LINK, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability Compan	y were tiled on <u>07/07/2010</u>	and assigned
lorida document number 1.10000071563		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
PRIME TECH SUPPORT, LLC		
he new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC	C" 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)		
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be	office address on our recordere:	ds. enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Eurer Florida street addi	ess
	,. I	Florida
	Cuy	Ząp Code
New Registered Agent's Signature, if changing Registered Ager	<u>at:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple	ae performance of my auties.)	further agree to comply with the and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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  $\epsilon_0$  five address. Thereby confirm that the limited liability

company has been not fied in writing of this change.

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>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			Change
	<u> </u>	·	_ □ Remove
			Change
			Add
<del></del> -			Remove
			Change
			Remove
			Change
			Add
		☐ Remove	
			□ Change
			Add
	-		Remove
			☐ Change

ective date, if other than the date of filing:  neffective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not he 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier
03/12/18 led	
him la	ized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00