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COVER LETTER

TO:	Registration So Division of Co				
SUBJE	PRIME OF	N EUCLID LLC			
SUBJE	C1:	Name of Lin	nited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please re	cturn all correspo	ondence concerning this matter	to the following:		
		CARLO GIADRESCO			
			Name of Person		
					,
			Firm/Company		
		605 LINCOLN RD			• •
			Address		
		MIAMI BEACH, FL., 331	39		
		CARLO@RESTATEGRO	City/State and Zip Code UP.COM		
			to be used for future annual report not	ilication)	
For furth	ner information c	oncerning this matter, please c			
GIADR	ESCO CARLO		786 2168990 at ()		
	Name o	f Person		ne Telephone Number	
Enclosed	d is a check for the	ne following amount:			
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is encle	
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIME ON EUCLID LLC		
(Name of the Lin	nited Liability Company as it now appears on a (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Florida document number L11000071800	Liability Company were filed on 06/21/20	and assigned
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 "L.C." or the abbraviation "L.C." Cuter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Cuter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new name name name name name name name name		
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 designa	
Enter new principal offices address, if appl	icable:	
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>	
Enter new mailing address, if applicable:		
	E BOX)	0
		records, enter the name of the n
Name of New Registered Agent:	CARLO GIADRESCO	
New Registered Office Address:	605 LINCOLN RD	
	Enter Florida str	cet address
	MIAMI BEACH	, 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.

f 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	GIADRESCO CARLO	6805 W COMMERCIAL BLVD	
		#327	■ Remove
		LAUDERHILL, FL 33319	Change
MGRM	CORNALI MATTEO	6805 W COMMERCIAL BLVD	
		#327	■ Remove
		LAUDERHILL, FL 33319	Change
MGR	GIADRESCO CARLO	605 LINCOLN RD	Add
		SUITE 450	B Repair
		MIAMI BEACH, FL 33139	では、これでは、これでは、これでは、これでは、これでは、これでは、これでは、これ
MGR	CORNALI MATTEO	605 LINCOLN RD	B Andel Andel
		SUITE 450	☐ Remove
		MIAMI BEACH, FL 33139	Change
			□ Add
			Remove
			☐ Change
			□ Add
			Remove
			☐ Change

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Tective date, if other than the date in effective date is listed, the date must be	specific and car	nnot be prior t	o date of fi	ling or more	than 90 days	after film	l) g.) Pursu	ant to 6	05.0207
ote: If the date inserted in this block cument's effective date on the Department	rtment of State	a me appnea e's records.	me statut	ory ming r	equirements	. unis dar	e will in	or oc n	sted as
record specifies a delayed e The 90th day after the record		e, but not	an effe	ctive tim	e, at 12:()1 a.m.	on th	ie ear	lier of
ted JANUARY 29TH		2016	· .						

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Typed or printed name of signee

Filing Fee: \$25.00