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B. BOSTICK
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EXAMINER

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NAME:

PRIME COMMUNICATIONS OF FLORIDA, LLC

TYPE OF FILING: NAME CHANGE AMENDMENT

COST:

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**AUTHORIZATION: ABBIE/PAUL HODGE** 

Sportforch

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

## Prime Communications of Florida, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Fritzhand

Name of Person

Prime Communications, L.P.

Firm/Company

12550 Reed Road

Address

Sugar Land, Texas 77478

City/State and Zip Code

gfritzhand@primecomms.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Fritzhand

<sub>41</sub>, 281, 275-6830

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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,
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Certified Copy
(additional copy is enclosed)

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**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Finite Communications of Florida, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor Jability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L12000137123		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Prime of Texas, LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the design	nation "LLC" or the abbreviation
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 of registered agent and/or the new registered office address here  Name of New Registered Agent:	fice address on our records,	enter the Rame of the new
New Registered Office Address:	Enter Florida str	reet address
	Flor	ido
	, Flor City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	·
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p	lete performance of my duties,	and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> Name <u>Address</u> Type of Action

. If amer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ted	
	May I. Fil
	Signature of a member or authorized representative of a member
	Gary I. Fritzhand, Executive Nice President
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

FILED 12:06