Florida Department of State Drussion of Corporations Electronia Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000139567 3)))



H220001395973A9C2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

, o :

Division of Corporations

Fax Number : (85C) 617-6383

From:

Account Name : PRIME GENERAL LLC
Account Number : 12017000053
Phone : (954)624-4601
Fax Number : (954)241-7812

**Enter the email address for this business entity to be used for future annual report maillings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRIME GENCORE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ZAPRI8 PH 5

172 APR 18 PM 1: 20

COVER LETTER

TO:

Registration Section

Division of Corp	oorations .		
SUBJECT: PRIME GET	NCORE LLC	and I lability Comment	
	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subt	mitted for filing	
Please return all correspon	idence concerning this matter t	to the following:	
	* - ***		
	LARRY M. ABBO	Name of Person	<u></u>
	PRIME GENCORE LLC		
	TRIME GENOGIAE BEO	Firm/Company	
	4651 SHERIDAN STREET	T, SUITE #480	
		∧ddress	
	HOLLYWOOD, FL 33021		
		City/State and Zip Code	
	patti.chivany@primegroupu	is.com to be used for future annual report notif	
	E-mail address: (1	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	ıll:	
	•		
Larry M. Abbo		at (954-) 914-2212	
Name of	Person	at (954-) 914-2212 Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	■ \$30.00 Filing Fee &	☐ \$55.00 Filing Fcc &	S60.00 Filing Fee.
	Certificate of Status	Certified Copy	Contificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mallina Addiss	. .	Ca 4 dd	
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	etion
Division of C		Division of Con	

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Registration Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIME GENCOKE LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on 12/28/2012 and assigned
Florida document number <u>1,12000161660</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility 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)	
	APPR 34
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
agent and/or the new registered office address neve.	
Name of New Registered Agent:	
New Registered Office Address:	
The Manager of the Ma	Enter Florida street address
	Florida
	City 7.ip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605. F.S. Or, if this document is e address. I hereby confirm that the limited liability

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EDWARD ABBO	4651 SHERIDAN STREET, SUITE 480	🗆 Add
		HOLLYWOOD, FL 33021	■Remove
			Change
	\		□Add
			□Remove
			□ Λ dd
		\	□ Remove
		\	□Change
			□ Rcmove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

ctive date, if other than the date of filing: 04/15/2022 Effective date is listed, the date must be specific and cannot be prior to date of filing: If the date inserted in this block does not meet the applicable entities.	(optional)

If the record specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 15	2022/	
	Signature of a personal support of sepresentative of a member	
	Larry M. Abbo, Manager of Prime Gencore LLC	
	Typed or printed name of signee	