

L13000108770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

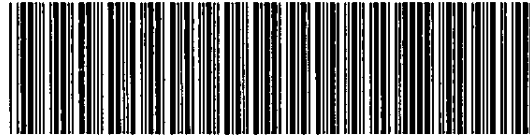
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan SEP 12 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIMECO BUILDERS, 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:

Name of Person

Superbiz Registered Agent, Inc

Firm/Company

2761 Vista Parkway Ste. E4,

Address

West Palm Beach, FL 33411

City/State and Zip Code

glorimar98@yahoo.com

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

For further information concerning this matter, please call:

TRACY

Name of Person

at (561) 242-2812

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,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PRIMECO BUILDERS 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 August 1, 2013 and assigned
Florida document number L13000108770.

This amendment is submitted to amend the following: *Managing Member Resignation and New Member added*
A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with 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)

~~2761 Vista Parkway Ste. E4 #237~~
~~PALM BEACH FLORIDA 33411~~

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

~~2761 Vista Parkway Ste. E4 #237~~
~~PALM BEACH FLORIDA 33411~~

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:

Superbiz Registered Agent, Inc.

New Registered Office Address:

~~2761 Vista Parkway Ste. E4 #237~~

Enter Florida street address

Palm Beach

Florida 33411

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 608, 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

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:

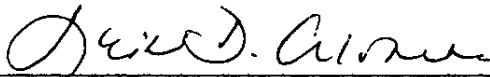
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Leila D. Alvarado	35 Juan C. Borbon	☐ Add
		Ste. 67 PMB 463	☒ Remove
		Guaynabo, PR 00969	
MGRM	Gloria M. Chirino Gonzalez	300 Ave. La Sierra	☒ Add
		Box 201	☐ Remove
		San Juan, Puerto Rico 00926	
Member	Armando Chirino Gonzalez	300 Ave. La Sierra	☒ Add
		Box 201	☐ Remove
		San Juan, Puerto Rico 00926	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Dated September 9, 2013



Signature of a member or authorized representative of a member

Leila D. Alvarado

Typed or printed name of signee

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Filing Fee: \$25.00

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