

L13 000172-635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

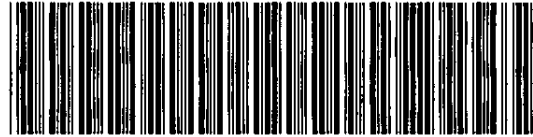
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FEB -7 2014

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Prime One Tech Support, 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:

Shawn Davis

Name of Person

PrimeOne Tech Support, LLC

Firm/Company

1499 W Palmetto Park Rd #110

Address

Boca Raton, Florida 33486

City/State and Zip Code

primeonetech@yahoo.com

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

For further information concerning this matter, please call:

Shawn Davis

Name of Person

at **(561) 413-9150**

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

2014 FEB - 6 PM 12:51

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Prime One Tech Support, 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 12/13/13 and assigned
Florida document number L13000172635.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PrimeOne Tech Support, LLC (Prime & One should have been registered as one word)

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)

1499 W Palmetto Park Rd

Suite 110

Boca Raton, Florida 33486

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1499 W Palmetto Park Rd

Suite 110

Boca Raton, Florida 33486

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:

New Registered Office Address:

Enter Florida street address

City

, Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
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_____	_____	_____	☐ Remove

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

U.S.

AM.

MC.

AMB.

Fid.

De.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 4th, 2014

Shawn Davis

Signature of a member or authorized representative of a member

SHAWN DAVIS

Typed or printed name of signee

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Filing Fee: \$25.00

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