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#### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

## PRIME INTERACTIONS TECHNOLOGY SOLUTIONS LLC.

SUBJECT:

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:

# Harry Paredes

Name of Person

#### PRIME INTERACTIONS TECHNOLOGY SOLUTIONS LLC

Firm/Company

## 1316 NW 78TH AVE.

Address

# MIAMI, FL 33126

City/State and Zip Code

## hparedes@primeinteractions.com

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

For further information concerning this matter, please call:

# Harry Paredes

,305<u>,</u>509-1

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) 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

### PRIME INTERACTIONS TECHNOLOGY SOLUTIONS 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 02/18/2014	and assigned
Florida document number L14000027281		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	illity company here:	
The new name must be distinguishable and end with 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)		
Enter new mailing address, if applicable:	11767 S Dixie Hwy #368	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33156	
B. If amending the registered agent and/or registered o	ffine address on our records enter	the name of the name
registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
PT	PAREDES, HARRY P	1316 NW 78 AVE	Add
		MIAMI, FL 33126	■ Remove
MGR	PAREDES, ROGER A.	1316 NW 78 AVE	
		MIAMI, FL 33126	■ Remove
MGR	ZAMBRANO, OMAR	1316 NW 78 AVE	
		MIAMI, FL 33126	■ Remove
MGR	PAREDES, HARRY P	1316 NW 78 AVE	 ■ Add
		MIAMI, FL 33126	Remove
MBR	PEIZ HOLDINGS, LLC	1316 NW 78 AVE	HAY 16
		MIAMI, FL 33126	Add Remove
<u> </u>			Add
			☐ Remove

	imending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(	fective date, if other than the date of filing:  effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
I	May 12th 2014
	Hora Brave
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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