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To:

Eivision of Corporations

Fax Number : (850)617-6383

From:

Account Name : PRIME KEYS SOLUTIONS, LLC

Account Number: I20140000094 Phone : (305)856-6121 Fax Number : (305)856-6122

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YELLOW RUBBER DUCK LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

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Corporate Filing Menu

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| TO: Registration Se Division of Con | ection 4. H rporations | * | • |
|--|--|---|--|
| YELLO | W RUBBER DUCK LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Olga Santini | | |
| | | Name of Person | • |
| | Prime keys Solution | s LLC | |
| | <u> </u> | Firm/Company | · · · · · · · · · · · · · · · · · · · |
| | 1541 Brickell Ave S | uite 1 80 6 | |
| | | Address | |
| | Miami, FL 33129 | | |
| | | City/State and Zip Code | |
| | osantini@bellsouth.r | | |
| | E-mail address: (| to be used for future annual report notif | fication) |
| For further information of | concerning this matter, please c | all: | |
| Olga Santini | | 305 856-6121 | |
| Name o | of Person | Area Code Daytime | e Telephone Number |
| Enclosed is a check for the | he 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

20 Nov 14 10:50

ARTICLES OF AMENDMENT |+ |40002700253

| YELLOW RUBBER DUCK LLC | | |
|---|---|----------------------------------|
| (<u>Name of the Limited Liah</u> (A Flor | flity Company as it now appears on our record ida Limited Liability Company) | <u>ls.)</u> |
| The Articles of Organization for this Limited Liability Florida document number <u>L14000173025</u> | Company were filed on 11/06/14 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the li | mited liability company here: | |
| The new name must be distinguishable and end with the words " | Limited Liability Company," the designation "LL | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AD) | DRESS) | <u> </u> |
| | | 2 90 2 90 |
| | | Q 22.5 |
| Enter new mailing address, if applicable: | | 20 |
| (Mailing address MAY BE A POST OFFICE BOX) | | P 495 |
| | | •• •• |
| | | 3 <u>5</u> = |
| B. If amending the registered agent and/or registered agent and/or the new registered office ac | gistered office address on our record ldress berg: | s, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addre. | |
| | Enter ruoriaa street auture. | |
| · | | orida |
| | 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-----------------------------|------------------------------|--|
| MGR | Priscilla Hidalgo Rodriguez | 1541 Brickell Ave Suite 1806 | |
| | | Miami, FL 33129 | Remove |
| MGR | Priscila Hidalgo Rodriguez | 1541 Brickell Ave Suite 1806 | Add |
| | | Miami, FL 33129 | □ Remove |
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| . It amending any other information | , enter cha nge(s) here: (Attach addition | onal sheets, if necessary.) |
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| | | |
| . Effective date, if other than the dat | | (optional) |
| The effective date must be specific, cannot be the date this document is filed by the Florida | prior to date of receipt or filed date and cannot be Department of State) | oe more than 90 days after |
| Dated November 20 | 2014 | |
| | Olsa -Sdo II | as |
| Sign | aturn at a planta of a much a final and an aturn tuting | of a member |
| Olga Santini | ature of a member or authorized representative | or a memori |

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