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TO LANASSEE FROM

JUL 0 8 2015 S. YOUNG

COVER LETTER

TO: Registration S Division of Co	
Prima Ch SUBJECT:	oice LLC
SUBSECT.	Name of Limited Liability Company
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.
Please return all corresp	pondence concerning this matter to the following:
	Argemiro Andrade
	Name of Person
	Prima Choice LLC
	Firm/Company
	1339 Bennett Dr, Suite 155
	Address
	Longwood, FL 32750
	City/State and Zip Code
	Miro@ace-granite.com
	Miro@ace-granite.com E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Argemiro Andrade	407 869-0919 資富 委
Name	of Person Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prima Choice LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Companion Florida document number <u>L14000186606</u> .	y were filed on 12/05/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		न्ध्र ज
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		्रात्ति के -
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida

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 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
MMBR	Alvaro Castanheira	1339 Bennett Dr, Suite 155	
		Longwood, FL 32750	■ Remove
			Change
MMBR	Arivany Andrade	1339 Bennett Dr, Suite 155	
		Longwood, FL 32750	Remove
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Typed or printed name of signee

Filing Fee: \$25.00