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(Re	questor's Name)	
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SECRETARY OF STATE

JUL - 9 2015 T. HAMPTON

COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	Prima Choic	ce LLC		
SUBJECT.	· · · · ·	Name of Limi	ited Liability Company	
		Amendment and fee(s) are submodence concerning this matter	-	
		Argemiro Andrade	<u>-</u> -	
		,	Name of Person	
		Prima Choice LLC		
			Firm/Company	·
		1339 Bennett Dr, Suite 155	5	
			Address	
		Longwood, FL 32750		
			City/State and Zip Code	·
		Miro@ace-granite.com		
			to be used for future annual report notific	ation)
For further i	nformation co	oncerning this matter, please ca	all:	
Argemiro A			407 869-0919 at ()	
	Name of	Person	Area Code Daytime 7	Celephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.90 I	Filing Tee	□ \$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

Prima Choice LLC		
(<u>Name of the Limited Lis</u> (A Flo	ability Company as it now appears on our records. orida Limited Liability Company)	<u>)</u>
The Articles of Organization for this Limited Liabilit	ty Company were filed on 12/05/2014	and assigned
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		TASE TO
(Principal office address MUST BE A STREET AL	ODRESS)	DE STATE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2	ANY UF STATE OR DA
B. If amending the registered agent and/or registered agent and/or the new registered office a		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	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 Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MMBR	Alvaro Castanheira	1339 Bennett Dr, Suite 155	Add
		Longwood, FL 32750	■ Remove
			☐ Change
MMBR	Arivany Andrade	1339 Bennett Dr, Suite 155	_ Add
		Longwood, FL 32750	Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove SECREAR Change
			Roffove Change
			Add
			Remove
			Change

Effective date, if other than the date of filing: July, 2015 (optional) fan effective date is stated, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed focument's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. Dated Argemiro Andrade Typed or printed name of signee Typed or printed name of signee								
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Filing Fee: \$25.00