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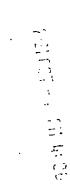
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration S Division of Co			
Prima Cho	ice LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Miro Andrade		
		Name of Person	
	Prima Choice LLC		
		Firm/Company	·
	1339 Bennett Dr. Suite 15	5	
	·	Address	
	Longwood, FL 32750		
		City/State and Zip Code	
	amy@ace-granite.com		
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Bernard Kiesel		407 677-1040 at ()	
Name c	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration So	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prima Choice LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/05/2014	and assigned
Florida document number L14000186606		
This amendment is submitted to amend the following:		
λ. If amending name, enter the new name of the limited liab	oility company here:	
Thor Prima Choice, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		ā
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	• 7
		.,
Name of New Registered Agent:		مئے سپر
		(ب)
New Registered Office Address:	Enter Florida street address	<u></u>
	Emer 1 im tag So eet (tagress	
	, Flori	
	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 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>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			Change
			🗀 Add
			□Remove
			□Change
			□ Add
		□Remove	
			□ Change
			□Add
			□Remove
			- Change

	
	
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Note: If the	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 at date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
ne record spe ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
_	9/28 2021.
Dated	
	Million II. Marches
•	Signature of a member or authorized representative of a member
	Argemiro O Andrade
•	Typed or printed name of signee

Filing Fee: \$25.00