L15000040792

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration S Division of Co			
Prime 33 L SUBJECT:	LC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Tavere Forrest		
		Name of Person	
		Firm/Company	
	2630 WEST BROWARD	BLVD	
	 ,	Address	
	SUITE 203 #751		
	FORT LAUDERDALE, FI	City/State and Zip Code	···
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)
Tavere Forrest	,	954 5541039	
Name o	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	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 Addre		Street Address:	
Registration Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our la Limited Liability Company)	records,)
The Articles of Organization for this Limited Liability (Florida document number 1.15000040792	Company were filed on 7/6/20	3/5/2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	on "Ll.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3
(Principal office address MUST BE A STREET ADD)	RESS)	=
	,	F
Enter new mailing address, if applicable:		.73
		'è
(Mailing address MAY BE A POST OFFICE BOX)		**
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	ı address
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Prime 33 LLC

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		
	Ģ		
AMBR =	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□ Change
			□Add
			Remove
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			Change

I need to change the title from C	EO to Manager.			
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ffective date, if other than the data effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be prior k does not meet the applic	able statutory filing red		
record specifies a delayed effective d I is filed.	late, but not an effective ti	me, at 12:01 a.m. on th	ne earlier of: (b) The	90th day after the
December 21	2020	<u> </u>		
-177	1			
- The	gnature of a member or author	rized representative of a	member	