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COVER LETTER

TO: 4 Registration Sect Division of Corp			
subject: <u>Prim</u> e	M <u>arin a Gio</u> Name of Limit	OUP LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
		A Same of Person	
	Pri	Me Waying GYÜ	up ilc
	2550 \$.	Buyshort Dy Address	# 208
		F1. 33133 City/State and Zip Code CG O / IM MUVIV o be used for luture annual report not	
For further information cor	ncerning this matter, please ca		,
	Cuttn Ca	at (<u>3()5</u>) <u>858</u> Area Code Daytin	9995 re Telephone Number
Enclosed is a check for the	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Company as it now appears on ou Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable:	ted Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRE	 ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office addre		SECRETARY OF STARRY OF STA
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		, Florida
	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, 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
AMBR	Stetan Johansson	2550 S. Eayshore Dr. # 208	Add
		Miumi Fl. 33133	Remove
			Change
AMBR	Daysi Johansson	2550 S. Bayshore Dr.	Add
		Suitr 208	□ Remove
		Mumi, 71 33133	Change
			🗖 Add
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effective date is listed te: If the date inser	er than the date of f I, the date must be specifi- ted in this block does r ate on the Department	c and cannot be pr not meet the app	licable statutory	or more than 90 day	(optional) s after filing.) Pursu s, this date will no	ant to 605.03 of be listed
record specifies he 90th day aft	a delayed effectiver the record is fil	ve date, but i ed.	not an effecti	ve time, at 12:	01 a.m. on th	e earlier
ed <u>May</u>	24	<u>201</u>	<u>Y</u> .	ative of a member		

Page 3 of 3

Filing Fee: \$25.00