# 15000137808

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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJ.	ест:	imecap Fu	anding Group, ited Liability Jompany	ud
The en	nclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Ste	ven Platzek	, Esq.
		Gran	ner Platzek Firm/Company	FAllison, P.A
		720	E. Palmetto	Park RD.
		Boca	City/State and Zip Code  One of the codops, City to be used for furure annual report notification.	33432
		E-mail address: (	OShwoodops, Cito be used for future annual report notifi	ication)
For fur	ther information cor	neerning this matter, please ea	all:	
	Steven Name of	Platzek Person 8	at ( 571 ) 750 Area Code Daytime	7 - 2445 Telephone Number
Enclos	ed is a check for the	following amount:		
<b>又</b> S2.	5.00 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

Primecap Fu (Name of the Limited Liability	ity Company agit now appears on our records.)	
(A Florida	a Limited Liab (ty Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 8/12/15 and a	ssigned
Florida document number L 15000137808	- •	
Florida document number 13 GS G18 G18 G	<u>D</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	nited liability company here:	
Prime Globe		•
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:	•	
(Principal office address MUST BE A STREET ADDR	RESS)	<del></del>
	6.73	<del>~</del>
		<u>5</u>
Enter new mailing address, if applicable:	i de la companya della companya della companya de la companya della companya dell	
(Mailing address MAY BE A POST OFFICE BOX)		, <u>Lil</u>
The state of the s	· · · · · · · · · · · · · · · · · · ·	
R If amending the registered agent and/or regis	ين المجابعة stered office address on our records, enter the name	o of the non
registered agent and/or the new registered office add	lress here:	e of the new
		•
Name of New Registered Agent:		
Name of New Neglested Algent.		
New Registered Office Address:	Enter Florida street address	
	Emer Florida Street dadress	
	, Florida	
	City Zip Code	e

#### 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 or removed	g Authorized Person(s) authorized to n <u>from our records</u> :	nanage, <u>enter the title, name, an</u>	d address of each person being added
MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
		<del></del>	
			□ Remove
			□ Change
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			Add Remove
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			Change

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Filing Fee: \$25.00