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COVER LETTER

| TO: Registration S Division of Co | | |
|-----------------------------------|--|-----------------|
| Prime Fac | ctor, LLC | |
| SUBJECT: | Name of Limited Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are submitted for filing. | |
| Please return all corresp | condence concerning this matter to the following: | |
| | Paul Labiner, Esq. | |
| | Name of Person | |
| | Law Office of Paul Labiner | |
| | Firm/Company | |
| | 5499 No. Federal Hwy | |
| | Address | |
| | Boca Raton, Florida 33487 | |
| | City/State and Zip Code | |
| | paul@plabineresq.com | |
| | E-mail address: (to be used for future annual report notification) | |
| For further information | concerning this matter, please call: | |
| Paul Labiner | 561 998-2362 | |
| Name | at () of Person Area Code Daytime Telephone Number | |
| Enclosed is a check for | the following amount: | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | of Status & opy |

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

FILED

** **

ARTICLES OF ORGANIZATIONS OCT 19 PM 1: 47

Prime Factor, LLC

(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

| (A Florida Limited I | |
|---|---|
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on $9/22/15$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| PrimeFactor, LLC | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 9858 Clint Moore Street Road |
| (Principal office address MUST BE A STREET ADDRESS) | C-111 #240 |
| | Boca Raton, Florida 33496 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | sine a torius arter univers |
| | , Florida City Zip Code |
| | Σφ οικε |

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 of removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--|---|----------------|
| AMBR | DAVID GELLER REVOCABLET TRUST, DAVID GELLER, TRUSTEE | 17510 Cadena Drive Boca Raton, Florida 33496 | |
| ANGER | LYNDA GELLER REVOCABLE TRUST, LYNDA GELLER, TRUSTEE | 17510 Cadena Drive Boca Raton, Florida 33496 | Add |
| AMBR | | | Add |
| AMBR | DAVID GELLER | 17510 Cadena Drive Boca Raton, Florida 33496 | |
| | | | Remove |
| AMBR LIN | LINDA GELLER | 17510 Cadena Drive Boca Raton, Florida 33496 | |
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| fective | date, if other than the date of filing: (optional) |
| n effec | ive 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 (3)(b) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| cumer | the date inserted in this block does not infect the applicable statutory firing requirements, this date will not be fisted as the case of the Department of State's records. |
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| reco | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: |
| | Oth day after the record is filed. |
| | \wedge |
| ted _ | ptember 29 / 2015 |
| | <u></u> |
| | / I(Y) M() . L ₂ |
| | Signature of a member or authorized representative of a member |
| | · · |
| | |
| | Paul Labiner, Esq. Typed or printed name of signee |

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Page 3 of 3

Filing Fee: \$25.00