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(Re	equestor's Name)	
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COVER LETTER

Registration Section

TO:

, Division of Co	rporations		
SUBJECTE.		GO PRIME LLC	
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub		
		OCTAVIO CARDOSO	
	****	Name of Person	
	WEST	TCHESTER FINANCIAL GROUP	
		Firm/Company	
	2130	POWERLINE RD SUITE 207	
	79 5		
		BOCA RATON, FL 33433	5
		City/State and Zip Code	FB 12
		OSO@WESTCHESTERINTL.COM To be used for future annual report notificat	ion)
For further information of	oncerning this matter, please o	all:	PH 2: 39
OCTAVIO CARDOSO		561 488-8048	65.7
Name o	if Person	at () Area Code Daytime Te	lephone 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WE GO P	RIME LLC	
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000019299</u> .	were filed on JANUARY 27, 2016	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:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3011 West Signature Drive 203	
(Principal office address MUST BE A STREET ADDRESS)	Davie, FL 33314	
		
Enter new mailing address, if applicable:	3011 West Signature Drive 203	最可
(Mailing address MAY BE A POST OFFICE BOX)	Davie, FL 33314	7
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		iter the name of the no
VERWEIGH HIER WAR THE HEAVE PERSON TO THE HEAVE SON HEAVE	ž.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 **Type of Action** Address <u>Title</u> <u>Name</u> _□ Add □ Remove ☐ Change □ Add ☐ Change __ Remiove __ Add _□ Change _□ Add

☐ Remove

__ Change

D. If amending any other informa	change(s) here: (A)	ttach addirional sheets, if h	CCCSS(II) +
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ffective date, if other than the data an effective date is listed, the date must be ote: If the date inserted in this block becument's effective date on the Department.	e specific and cannot be prior to date to does not ineet the applicable st	of filing or more than 90 day tatutory filing requirement	optional) s after filing.) Pursuant to 60 s, this date will not be lis
record specifies a delayed ef The 90th day after the record	fective date, but not an lile is filed.	effective time, at 12	:01 a.m. on the earl
ed <u>02/04/2016</u>	Dellamie		
Sign	nature of a member or authorized i	representative of a member	
	4		
	Vanessa Eu		

Page 3 of 3

Filing Fee: \$25.00