16000072223

(Requestor's Name)
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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Codification of Status
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SECRETARY OF STATE
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	ORIME AUTO	14C	·.
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u> </u>	Badalian Name of Person	
		Firm/Company	
	12800 Vonn	Rd apt 805 Address	Z AAS 6
4	Small_teddy E-mail address:	FL 337. City/State and Zip Code 4040 yahoo, ce to be used for future annual report notif	Y Y NET ANY OF ST TEACH OF ST
For further information of	concerning this matter, please c		9: 29 TATE ORIDA
IRINA BO	adalian	at (<u>6/7</u>) 455- Area Code Daytimo	2611
Name o	of Person	Area Code Daytime	e 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

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

PRIME AUTO	J 22C	
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on <u>Ape i / / n</u>	2, 2016 and assigned
Florida document number <u> 16000072223</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
	N/a	
The new name must be distinguishable and contain the words "Limited Lia	hility Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		1017 1017 1017
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the ne
	10	
Name of New Registered Agent:	N/a	
New Registered Office Address:		
	Enter Florida street address	
		ida
	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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = **Authorized Member**

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	IRINA Badglian	12800 Vonned apt 8052 Largo FZ	Add
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te: If the	e date inserted in this b	lock does not	t meet the appl	icable statutory	filing requirem	ents, this d	ate will not	be listed a
ument's	effective date on the D	Department of	f State's record	ls.				
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Filing Fee: \$25.00