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SECRETARY OF THE

FLOCATION SERVICES

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Primo Builders & Consulting LL Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Phillips Name of Verson
AMS Renovations & Construction
2263 West New Haven #321
West Melbourne, Fl 32904 City/State and Zip Code Omsrenovations, ip a grant. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John Phillips at (321) 403-660 Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S25.00 Filin
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

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>&</u> L This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cuv 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 Fam 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>eater the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		☐ Remove	
		 	☐ Change
			Add
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fam	ending any other information, enter change(s) herg: (Attach additional sheets, if necessary.)
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an et lote:	(optional) fective date, if other than the date of filing:
e re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
The	e 90th day after the record is filed.

Page 3 of 3

Filing Fee: \$25.00