L17000055516

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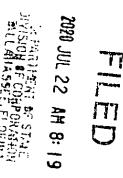


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COVER LETTER

	Registration So Division of Cor					
eun ira		DUSTRY ONE LLC				
Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		EKATERINA KISSELEV	A			
		<u></u>	Name of Person			
		EGK SOLUTIONS LLC				
			Firm/Company			
		7901 4TH STREET NORT	TH, STE 311			
			Address			
		ST, PETERSBURG				
			City/State and Zip Code			
		INFO@EGKSOLUTIONS.				
For furth	ar information c	r-mail address; (concerning this matter, please c	to be used for future annual report no	nification)		
		-				
EKATEI	RINA KISSELF		727 488-6937 at ()			
	Name e	f Person	Area Code Dayti	me Telephone Number		
Enclosed	is a check for the	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 radditional copy is enclosed		
	Mailing Addres Registration 1		Street Address: Registration S	ection		
Division of Corporations		Division of Corporations				
	P.O. Box 632 Tallahassee.		The Centre of	Tallahassee oo Street Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIME INDUSTRY ONE LLC.		
(Name of the Limited Li (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L17000055516	ity Company were filed on 03/09/2017	and assigned
This amendment is submitted to amend the followin	g:	28
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	TI TI
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	
Enter new principal offices address, if applicable	:	THE E
(Principal office address MUST BE A STREET A.	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registagent and/or the new registered office address he		name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Floric	la
-	City	Zio 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KUZNETCOV VLADIMIR	2098 SEMINOLE BLD	■Add
	LARGO, FL 33778	□Remove	
			□Change
			□Add
		□Remove	
			□ Change
			□Add
			□ Remove
		□Change	
			□Add
		□Remove	
		□Change	
			□ Add
		□Remove	
		□Change	
		□Add	
		□Remove	
			□Change

. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effective Note: If the	date, if other than the date of filing:
he record sp ord is filed.	ecities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	07/17/2020
	Signature of a member or authorized representative of a member
	Typed or printed name of signee