L17000113776

| (Requestor's Name) | |
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| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| (Business Entity Name) | |
| (Document Number) Certified Copies Certificates of Status | |
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| | | stration Section of Cor | | | |
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| SUBJEC | | PRIME BR | ANDS LLC | | |
| SUBJEC | .1: _ | | Name of | Eimited Liability Company | - |
| The engli | الممم | Amialaa aF | Amondment and Factor | | |
| | | | Amendment and fee(s) are | | |
| Please re | turn a | ill correspo | ndence concerning this ma | iter to the following: | |
| | | | JULIO C DE LOS RIC | 41) | _ |
| | | | | Name of Person | |
| | | | DLR PROFESSIONA | B SERVICES INC | |
| | | | | Firm/Company | _ |
| | | | 5740 HOLLYWOOD | BLVD SUITE 600 | |
| | | | | Address | _ |
| | | | HOLLYWOOD, FL 3 | ## 3021 #13 | |
| | | | DLRCORP@AOL.CO | City/State and Zip Code | |
| | | | <u> </u> | ss: (to be used for future annual report notification) | - |
| For furthe | er info | ormation co | oncerning this matter, plea | se call: | |
| JULIO C | DE | LOS RIOS | | 954 266-9717 at () | |
| | | Name of | Person | Area Code Daytime Telephone Numb | ег |
| Enclosed | is a c | heck for th | e following amount: | | |
| \$25.0 | 00 Fill | ing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy Certific (additional copy is enclosed) Certific | Filing Fee, cate of Status & ed Copy al copy is enclosed) |
| | | Registra Division P.O. Bo | NG ADDRESS: ation Section to of Corporations ax 6327 ssee, FL 32314 | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIME BRANDS LLC

| (Name of the Limited Liabil | ity Company as it now appears on our records.) |
|---|--|
| (A Floric | la Limited Liability Company) |
| | 05/22/2017 |
| The Articles of Organization for this Limited Liability (| Company were filed on 05/25/2017 and assigned |
| Florida document number L17000113776 | · |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lin | nited liability company here: |
| | |
| The new name must be distinguishable and contain the words "Lir | nited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADD | RESS) |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | stered office address on our records, enter the name of the new |
| registered agent and/or the new registered office add | iress nere: 보위 현 개 |
| | 7 E |
| Name of New Registered Agent: | 新年 2 所 |
| | 13 E C |
| New Registered Office Address: | |
| 81 | Enter Florida street address |
| | mental and the second s |
| | , Florida City Zip Code |
| Now Dogistand Agentle Signature if the price Delice of | |
| New Registered Agent's Signature, if changing Registere | u 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 c | complete performance of my duties, and I am familiar with and |
| accept the obligations of my position as regis le red a | gent as provided for in Chapter 605, F.S. Or, if this document is |
| being filed to merely reflect a change in the register | ed 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 |
| | |

Page 1 of 3

| If amending Authorized Person(s) authorized to removed from our records: | | to manage, <u>enter the title, name, and addre</u> | ess of each person being added |
|--|------------------------------|---|--------------------------------|
| MGR = 1 | Manager Authorized Member | | |
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
| VP | AREVALO, MANOLO | 2751 TAFT STREET | □ Add |
| | | SUITE 404 | |
| | | HOLLYWOOD, FL 33020 —————————————————————————————————— | □ Change |
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| | | | □ Remove |
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|). If amending any other information, enter | change(s) here: (Attach additional sheets, if neces. | sary.) | | |
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| . Effective date, if other than the date of filit (It an effective date is listed, the date must be specific an Note: If the date inserted in this block does not | g: (option d cannot be prior to date of filing or more than 90 days after fil neet the applicable statutory filing requirements, this d | al) ling.) Pursu late will no | ant to | 605.0207 (3)(listed as the |
| document's effective date on the Department of | State's records. | | | |
| the record specifies a delayed effective to the solution. The 90th day after the record is filed | date, but not an effective time, at 12:01 a.r | n-on th | e ea | arlier of: |
| Dated | 2017 | SE SE | ₹ | ندن نان |
| David V | | - 1 Eq. | 22 A | Fig |
| | member or authorized representative of a member | | φ ~ | _***** |
| DANIEL G VASQUEZ | Typed or printed name of signee | , , , , , , , , , , , , , , , , , , , | ອກ | <u></u> |
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| | Page 3 of 3 | | | |

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