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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	PRIME Ridg Name of Lyn	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	AMDREW	Rousseau Name of Person	
	DOWNSIZ	Firm Company	
		SIXT Court Eas	*
	BRADEN	City/State and Zip Code	2/1
	Who P down:	to be used for hithre annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
ANDREW ROLL	t SS<i>EA</i> u f Person	at (<u>941</u>) <u>481-</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 (additional copy is enclosed)

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 Ridge, L	lc	
	npany as it now appears on our record ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	iny were filed on August 24	20/7 and assigned
Florida document number <u>L17000 / 8/220</u> .	Ø	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
<u> </u>		
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		9 -
		AUG 31
		200
Enter new mailing address, if applicable:		្ត គេ
(Mailing address MAY BE A POST OFFICE BOX)		2 2
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		(C) (44)
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records	s, enter the name of the new
registered agent and/or the new registered office address in	ere.	
Name of New Registered Agent		
New Registered Office Address:		
	Enter Florida street address	s
la	, Flo	orida
M	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:

<u>Title</u>	<u>Name</u>		Address			Type of Action
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n effic	we date, if other than the date of filing:	207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	43
	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 90 th day after the record is filed.	Oi
ted_	Chyrist 29, 2017. Andrew Rowsen Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00