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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PRIME CORPORATE FILING SERVICES (LLC

Account Number : I20230000092 Phone : (786)356-1156

Fax Number

: (305)564-6768

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: /NFO@PRIMETILING.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRIME CORPORATE FILING SERVICES LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIME CORPORATE HILING SERVICES LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ny as it now appears on our records.) rability Company)	
The Articles of Organization for this Limited Liability Company of 17000186026	were l'îled on <u>08/31/2017</u>	and assigned
Torida document number 1.17000186026		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
PRIME FILING LLC		
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	ne abbrevian E'L L.C."
Inter new principal offices address, if applicable:		71
Principal office address MUST BE A STREET ADDRESS)		
		55
inter new mailing address, if applicable:		<u>πη ω</u>
Mailing address MAY BE A POST OFFICE BOX)		7
Thursday, and the state of the		***************************************
If amending the registered agent and/or registered office a	ddress on our records, enter the i	name of the new registe
gent and/or the new registered office address here:	dures on our records, <u>ener me</u>	mile of the new registe
Name of New Registered Agent.		
New Registered Office Address:		
	Enter i lorida street address	
	Florida	1
	C'uv	Zin 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

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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

Title	<u>Name</u>	Address	Type of Action
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Affective date, if other than the an effective date is listed, the date in Sote: If the date inserted in this document's effective date on the	oust be specific and cannot be publick does not meet the ap	prior to date of filing or mo plicable statutory filing	ore than 90 days after filir	ig.) Pursuant to 605,0207 (
	tive date, but not an effecti	ve time, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
record specities a delayed effec d is filed.				
	. 2024	·		
d is filed.	<u>2024</u> WOLU	_ ZM0		

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