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(Re	equestor's Nam	e)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certifica	tes of Status
Special Instructions to	Filing Officer:	!
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COVER LETTER

TO:		istration Sec ision of Corp					
SUBJE	CT.	Prime Globa	al Telecoms	rrc			
SUBJE	CI			Name of Li	mited Liability Company		
					bmitted for filing.		
Please r	eturn	all correspor	ndence conce	rning this matte	r to the following:		
			Anshul S	hah			
					Name of Person	<u> </u>	
			Shah & A	ssociates CPAs	PA		
				÷ —	Firm/Company	<u>-</u>	<u> </u>
			415 Mont	j gomery Road, S	Suite 105		
			-		Address		
			Altamont	e Springs, FL 32	2714		
			mvpperry(e	gmail.com	City/State and Zip Code		
				- (-	(to be used for future annual	l report notification	on)
For furth	ner in:	formation co	ncerning this	matter, please of	call:		
Anshul	Shah					31-9806	
		Name of	Person	· -	at () Area Code	Daytime Tele	ephone Number
Enclosed	d is a	check for the	e following a	mount:			
\$25.	00 Fil	ing Fee	□ \$30.00 F Certifi	Filing Fee & cate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is end		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
			G ADDRES	 SS:		Γ/COURIER A	ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prime GLobal Telecoms LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/13/2017 and assigned Florida document number L17000234614 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 City

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:

MGR = Manager

tle	Name PRIME GLOBAL COMMUNICA	Address ATIONS	Type of Action
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	Signature	of a member or a	uthorized represer	ntative of a member	:r	_	

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Filing Fee: \$25.00