48000047895

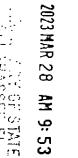
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000403533100

5/15/23 V.M



COVER LETTER

то:	Registration Se Division of Cor			
CHD IE	CD141	gic Services LLC		
SUBJE	ν1: <u> </u>	Name of Lim	ited Liability Company	
The encl	losed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Elizabeth Dorn		
			Name of Person	
			Firm/Company	
		174 Soriano Dr.		
			Address	
		Jupiter, FL 33458		
			City/State and Zip Code	
		betsydorn@gmail.com	to be used for future annual report notifica	tion)
For furth	ner information co	oncerning this matter, please or		
Elizaber	th Dorn		561 337-5790	
	Name o	f Person	Area Code Daytime T	elephone Number
Enclose	d is a check for th	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 Addres Registration S		<u>Street Address:</u> Registration Section	on

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dorn Strategic Services 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 $\frac{02/22/2018}{1}$ and assigned Florida document number _____L18000047895 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Prime Living Now LLC The new name must be distinguishable and contain the words "Limited 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 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Chanve

_	
	· · · · · · · · · · · · · · · · · · ·
_	
_	
_	
_	
_	
<u>ie:</u> li	e date, if other than the date of filing:
cord s filed	
ed _	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Elizabeth Dorn

Filing Fee: \$25.00