## 48000065970

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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	PRIME DETA	ILING LLC 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:	
	ERIK	PARUSTAN Name of Person	
	PRIME !	DETAILING LLC Firm/Company	
	2642 (	CAROLINE HILLS DR	<del></del>
	JACKSON	IVILLE FL 3222 City/State and Zip Code	25
	Princed E-mail address: (	Hailing LLC 2 9	mail com
For further information c	oncerning this matter, please co	all:	
ERIK PABO Name o	457A1	at (904) 525 Area Code Daytim	e 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 DETA	TLING LLC	
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L18000665970</u> .	vere filed on 10 6 18	and assigne
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	18 00°
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		7 7 7
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 350 Jacksonville,	042 <u>1</u> FL 32235
B. If amending the registered agent and/or registered office address here:		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida 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 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, <u>enter the title, name, and address of each person\_beit or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Ac
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Dated OCTOBE	STAC	2019	_			
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Filing Fee: \$25.00