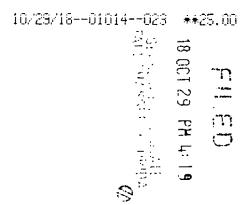
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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	PRIME DETAILIA Name of Lim	JG LLC ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>Erik</u>	PABUSTAN Name of Person	
	_ PRIME	DETAILING LL	<u></u>
	2642 CARON	INE HILLS DRIVE	
	JACKSONU	City/State and Zip Code	5
	primedet E-mail address: (ailing II agmail. o	lication)
For further information c	oncerning this matter, please ca	all:	
ERIK PA	BUSTAN Person	at (<u>904</u>) <u>525</u> Area Code Daytim	T-6120 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

(Name of the Limited Liability IA Florida	PETALLING LLO	on our records.)	 	
The Articles of Organization for this Limited Liability Co. Florida document numberL_18000065970	ompany were filed on		and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company her	<u>'e</u> :		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the des	signation "LLC" or the ab	breviation "l	.1C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR.	<u>ESS)</u>		8 (1	
Enter new mailing address, if applicable:			- <u> </u>	1 :
(Mailing address MAY BE A POST OFFICE BON)		<u> </u>	±	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		our records, <u>enter</u>	the name	of the new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Floric	la street address		
	City	Florida <u></u>	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ERIK PABUSTAN	2642 CAROLINE HILLS DRIVE	Z_⊠ Add
		JACKSONVILLE, FL 32225	Remove
			Change
MGR	LANCE MCDONALD	2642 CAROLINE HILLS DRIVE	E_ ⊠ Add
		JACKSONVILLE, FL 32225	□ Remove
			☐ Change
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	d specifies a c th day after t			, but not	an effectiv	e time, at 1	2:01 a.m. on	the ear	lier (
Dated	OCTOBER	25		2018					
			Th / 1-						

Page 3 of 3

Filing Fee: \$25.00