## 118000104011

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: PRIM	NETIME DEN Name of Limi	VELOPMENT LLC ited Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filling.	
Please return all correspon	dence concerning this matter	to the following:	
	_JONATHAN	M_T_L_E/? Name of Person	
	-	Firm/Company	
	3729 Coo	Address  FL 32464  City/State and Zip Code  PRIMETIMEDEVE To be used for future annual report notific	
	WESTVILLE,	FL 32464 City/State and Zip Code	
	JMILLER @ E-meil address: (I	PRIMETIME DEVE To be used for future annual report notific	LOPMENT. NET
For further information $\infty$	ncerning this matter, please ca		
JONATHAN Name of	MILLEI? Person	at (850) 333 Area Code Daytime	7214 Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filling Fee & Certificate of Status	<ul> <li>\$55.00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</li> </ul>	\$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

PRIMETIME DEVA (Name of the Limited Lia (A Flo	ELOPMENT LLC  ibility Company as it now appears on our records.)  onda Limited Liability Company)
	y Company were filed on $\frac{4/25/18}{}$ and assigned
Florida document number <u>L 18000 i 040 / 1</u>	·
This amendment is submitted to amend the following	j:
A. If amending name, enter the new name of the I	imited liability company here:
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	S S S S S S S S S S S S S S S S S S S
(Principal office address MUST BE A STREET AD	DRESS) S ZR
	<u></u> တ် ြို့ဆိုး
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Crty 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>	<u>Name</u>	Address	Type of Action
MGR	JONATHAN MILLER	3729 COOM RD WESTVILLE FL 32469	<b>b</b> Add
			🖸 Remove
			Change
			CJ Add
			Remove
			Change
			🗆 Add
			Remove
			Change
		<del>-</del>	C Add
			C Remove
			Change
			□ Add
			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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	<u>**</u>	DE CORPORATION
	8: <sub>2</sub> t	ATION
	<del></del>	
	_	
E. Effective date, if other than the date of filing: 4/35/18 (optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lidecument's effective date on the Department of State's records.	.05.020 isted a	)7 (3)(b) is the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear (b) The 90th day after the record is filed.	lier c	of:
Dated 5/34/18  Signature of a member or authorized representative of a member		
JOUATHAN MILLER Typed or printed name of signee		

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Filing Fee: \$25.00