L18 CCC 171978

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06/04/18--01020--015 **25.00

ALLAHASSEE PARKE

COVER LETTER

Division of Corporations	
SUBJECT: PRIME TECH 360 Name of Limited Liability Compa	LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Gil ovadila Name of Pers	1 .
PRIMETECH 360 L	пу
1761W. Hillsboro Bive	1 #3/4
Doerfield Beach, City/State and Zip	FL 33442
Gil ovadia e VSA - Co E-mail address: (to be used for future	om annual report notification)
For further information concerning this matter, please call:	
Cail Ovachia at 786 Name of Person	Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee S55.00 Filing Certificate of Status Certified Co (additional co)	opy Certificate of Status &

MAILING ADDRESS:

TO; Registration Section

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 TECH 36 (Name of the Limited Liability Company (A Florida Limited Lia	ny as it now appears on our records.)							
The Articles of Organization for this Limited Liability Company were filed on $\frac{5/35/18}{L 18000131978}$ and assigned Torida document number $\frac{L 18000131978}{L 18000131978}$.								
This amendment is submitted to amend the following:								
A. If amending name, <u>enter the new name of the limited liabili</u>	lity company here:							
The new name must be distinguishable and contain the words "Limited Liability	ity 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 offi registered agent and/or the new registered office address here:								
Name of New Registered Agent:	A STATE OF THE PARTY OF THE PAR							
New Registered Office Address:	Enter Florida street address Florida City Florida							
New Registered Agent's Signature, if changing Registered Agent:	8 6							

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 Type of Action Title Name <u>Address</u> Gil ovadia MGR □ Add Deprhied Beach, FL 33442 _□ Change Silvergate Mahagement LLC 1761 W Hillsboro BUD XAdd Doorfield Beach, & 33442 ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove _ Change □ Add ☐ Remove _□ Change

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an effective date is listed, lote: If the date inserte	the date must be sp	secific and car	nnot be prior to	date of filing o	or more than 90 d	ays after filin	g.) Pursu	ant to 60: of be list	5.0201 ted as
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Filing Fee: \$25.00