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Division of Corporations

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From:

Account Name : LEGALZCOM.COM INC.

Account Number: 120010000062
Prone: (323) 962-8600 : (323) 962-3869 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRIMELOFTS LLC

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COVER LETTER

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cup icer.	PRIMELOFT	rs llc					
SUBJECT:		Name of Limi	ted Liability Company 🔩		 		
The enclosed	Anticles of A	mendment and fee(s) are subr	nitted for filing.				
Please return	all correspon	dence concerning this matter t	to the following:			•	
		Cheyenne Moseley					
			Name of Person				. •
		Legalzoom.com, inc.					
			Firm/Company				
		101 N Brand Blvd Lith Fl	•		_		
			Address			•	•
		Glendale, CA 91203					
		vitotro90@gmail.com	City/State and Zip Cod	e		•	
		E-must address: (to be used for future annu-	el report nonlies:	ion)	•	
For further i	information co	ncerning this matter, please c	oll:				
Cheyenne I	Moseley		a! ()	73-0888		_ 	
	Nume of	Person	Area Code	Daytime To	lephone Number		
Enclosed is	a check for the	c following amount:		٠.			
525.00	Piling Fee	☐ \$30.00 Filing Fee & Certificate of Status	SSS.00 Filing Fee Certified Copy (additional copy is a		Centified	ite of Status &	
				`			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Page: 3 of 6

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

This amendment is submitted to amend the following:

To: 18506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PRIMELOFTS LLC

(Name of the Limited Liability Company as it now some on our records.)

(A Florida Lamited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/18/2018 and assigned Florida document number 1.18000148860

A. If amending name, enter the new name of the limited liability company here:

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:		<u> </u>
New Registered Office Address:	Enter Florida street oc	ldress
_	City	, FloridaZip 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

MGR = Manager

Page: 5 of 6

From: Janet Koh

If amending Authorized Person(s) authorized to manage,	enter the title,	name, and	address of each	person bei	ng added
or removed from our records;				-	

AMBR = A	Authorized Member		
Title	Name	Address	Type of Action
	•	· .	☐ Remove
			☐ Change
		· ·	D Add
	·		☐ Remove
	·		TAChange MY 19 P
			Ondit. 9 PR
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			☐ Add
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		· 	D Add
			□ Remove
		· ·	☐ Change
			D Add
			□ Remove
			Change

Typed or printed name of signee

Vito M Troiano

Page 3 of 3

ignature of a member or authorized representative of a member

Filing Fee: \$25.00