

48000 259653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

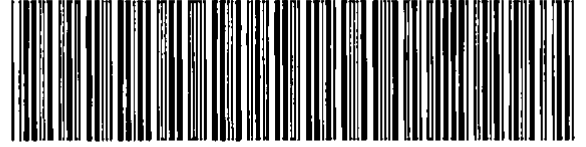
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/11/19--01010--020 **25.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
19 JUN 11 PM 1:20

LLC
NC
&
Amd.
Re

06-22-19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PRISCILLA PENA LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEOMARIS PRISCILLA PEÑA
Name of Person

PRISCILLA PENA LLC
Firm/Company

3033 SW 18th STREET
Address

MIAMI, FL, 33145
City/State and Zip Code

leomarispriscilla@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEOMARIS PRISCILLA PEÑA at (305) 898-6077
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

TO
ARTICLES OF ORGANIZATION
OF

PRISCILLA PENA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

19 JUN 11 PM 1:20
SECTION OF CORPORATE AFFAIRS

The Articles of Organization for this Limited Liability Company were filed on 11/05/2018 and assigned Florida document number L18000259053.

This amendment is submitted to amend the following:

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

PRYM LLC

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)

3033 SW 18th STREET

MIAMI, FL 33145

UNITED STATES

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

500 SW 145th AVENUE, APT. 538

HOLLYWOOD, FL 33027

UNITED STATES

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

City

_____, 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 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 attending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added, changed, or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

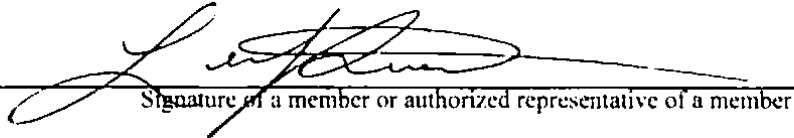
Lined area for amending information.

E. Effective date, if other than the date of filing: JUNE 1st, 2019, 8:00AM (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 605.0207 (3). Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____


Signature of a member or authorized representative of a member

LEOMARÍS PRISCILLA PEÑA
Typed or printed name of signee