1190000 21348

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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COVER LETTER

TO:

| TO: | Registration S Division of Co | | | |
|--------------|----------------------------------|--|---|--|
| SUBJI | er. Prim | equity Holdings, LL | _C | |
| SODJI | | | ited Liability Company | |
| | | | | |
| The en | closed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all corresp | ondence concerning this matter | to the following: | |
| | | • | Aaron Caravana | |
| | | | Name of Person | |
| | | Prim | nequity Holdings, L | LC |
| | | | Firm/Company | |
| | | 8955 | Us Hwy 301 N, S | te 327 |
| | | | Address | |
| | | F | Parrish, FL 34219 | |
| | | | City/State and Zip Code | |
| | | | n.primequity@gma to be used for future annual repor | |
| For fur | ther information | concerning this matter, please ca | all: | |
| | Aaron | Caravana | ar (727) 320 | -6586 |
| | | of Person | / \/ | aytime Telephone Number |
| Enclose | ed is a check for | the following amount: | | |
| \$2 : | 5.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed: | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Regisi Divisi P.O. I | JNG ADDRESS: ration Section on of Corporations Box 6327 lassee, FL 32314 | Registration S Division of C Clifton Buildi | orporations |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) | | |
|---|--|--|--|
| The Articles of Organization for this Limited Liability Company Florida document numberL19000021348 | y were filed onand assigned | | |
| This amendment is submitted to amend the following: | ndment is submitted to amend the following: nending name, enter the new name of the limited liability company here: note must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." we principal offices address, if applicable: all office address MUST BE A STREET ADDRESS) we mailing address, if applicable: address MAY BE A POST OFFICE BOX) Parrish, FL 34219 mending the registered agent and/or registered office address on our records, enter the name of the new dagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 8955 Us Hwy 301 N, Suite 327 Parrish, FL 34219 mending the registered agent and/or registered office address on our records, enter the name of the new dagent and/or the new registered office address here: | | |
| A. If amending name, enter the new name of the limited lial | bility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 8955 Us Hwy 301 N, Suite 327 | | |
| (Principal office address MUST BE A STREET ADDRESS) | Parrish, FL 34219 | | |
| Enter new mailing address, if applicable: | 8955 Us Hwy 301 N, Suite 327 | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Parrish, FL 34219 | | |
| registered agent and/or the new registered office address her | AUG 28 | | |
| New Registered Office Address: 8955 Us | Hwy 30 FN, Suite 327 | | |
| Parrish | Florida 34219 | | |
| | 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 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 ad or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action **Title** Name **Address** D. Aaron Caravana MGRM 8955 Us Hwy 301 N, Suite 327 □ Add Parrish, FL 34219 □ Remove ■ Change M. Laura Caravana MGRM 8955 Us Hwy 301 N, Suite 327 Parrish, FL 34219 ☐ Remove Change □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add

☐ Remove

☐ Change

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| If an effective date Note: If the date | if other than the date of filing: |
| | cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of by after the record is filed. |
| Dated | August 26th 2019 . |
| | Signature of a member or authorized representative of a member |
| | |
| | M Laura Caravana |

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Filing Fee: \$25.00