## L19000091687

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800418529818

11/13/23--01023--003 \*\*30.00

23 NOV 13 PH 8: 20

N/A			<del>.</del> .	
<del></del> ,				
			<del></del>	
	<del></del>			
			-1- <del></del>	
<del></del> -			<del> </del>	
	11/15/202	23		
tive date, if other than the da ffective date is listed, the date must be	ate of filing:		(optional) re than 90 days after filing.)	Pursuant to 605.0203
<ul> <li>If the date inserted in this block</li> </ul>	k does not meet the app	licable statutory filing	requirements, this date v	will not be listed as
ment's effective date on the Depa	irtment of State's record	ds.		
ord specifies a delayed effective d filed.	ate, but not an effective	: time, at 12:01 a.m. or	n the earlier of: (b) The	90th day after the
NOVEMBER 15	2023			
d	9/7	·		
//	9 // //			
/41				
Sig	gnature of a member or au	thorized representative o	f a member	<del></del> -

Filing Fee: \$25.00

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

CR = Manager

. (1K –	Manager	
MBR =	Authorized Member	

<u>ıtle</u>	<u>Name</u>	Address	Type of Action
GR ———	JORGE URICOECHEA	9026 SEDGEWOOD DR	■Add
		LAKE WORTH, FL 33467	□Remove
		9026 SEDGEWOOD DR	□Change
GR ———	FLOR URICOECHEA	LAKE WORTH, FL 33467	□Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
			□Add
			🗀 Remove
			Change
			🗆 Add
			□Remove
			Change
			\ \ \ \ \
			□Remove
			Change

## COVER LETTER

):

Registration Section Division of Corporations

## PRIME CONSTRUCTION & RESTORATION, LLC JBJECT: Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. case return all correspondence concerning this matter to the following: FLOR URICOECHEA Name of Person Firm/Company 9026 SEDGEWOOD DR Address LAKE WORTH, FL 33467 City/State and Zip Code jiuricoechea@gmail.com E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: OR URICOECHEA Daytime Telephone Number Name of Person closed is a check for the following amount: \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, S25.00 Rilling Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303