# 119000/02035

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I ALBRITTON

### **COVER LETTER**

	gistration Sec vision of Corp				•	
SUBJECT	<u> 1990anu</u>	Prime	ONT O Name of Limite	V COV LL ed Liability Compan	<u>C</u> y	<u>_</u> _
The enclose	d Articles of A	smendment and fo	ee(s) are subm	itted for tiling.		
Please retur	n all correspon	dence concerning	this matter to	the following:		
		Godra Prim	iar gi	wmorals Name of Perso	ol, LLC.	
		,	•	Firm/Company  Address	. 1 -	8
		Orlon	do, Fl	3283 City/State and Zip	5 Code	
		ANDRE A	@PRIM	IE BP 15660 be used for future a	APITAL. COV	<u>1</u>
For further	information co	ncerning this mat			·	,
_a.mol	Name (1)	LWYVV (A) Person	<u>\$</u>	at ( <u>404</u> Area Code	) 49.5 - 06 Daytime Te	599 Jephone Number
Enclosed is	a check for the	e following amoun	nt:			
<b>\$</b> \$25.00	Filing Fee	S30.00 Filing Certificate		S55.00 Filing Certified Col (additional copy	py	☐ \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mame of the Limited Liability (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number $\frac{L190010203}{}$	Company were filed on 04//2/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)
	2019
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name of the new lress 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 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

Title Type of Action Name **Address** #308 Orlando, FL Remove MGR 32835 ☐ Change □ Add □ Remove \_\_ 

Change \_\_□ Add \_□ Remove ☐ Change \_□ Add \_□ Remove \_□ Change □ Add □ Remove \_\_ Change □ Add \_□ Remove \_\_\_ Change

Effective date, if other than the date of filing:	_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies of the poth day after the record is filed.  Dated	_	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied The 90th day after the record is filed.  Dated	_	
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Signature of a member or authorized representative of a member	Dated _	-1 $-1$ $-1$
		Signature of a member or authorized representative of a member

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Filing Fee: \$25.00