

L19000122995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

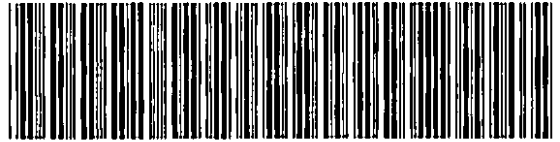
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/02/20--01031--015 \$42.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 APR - 1 AM 9:40

Amend

APR 06 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prime Health Products, 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:

Jill M. Capone
Name of Person

Prime Health Products, LLC
Firm/Company

1005 Belmont Place
Address

Boynton Beach, FL 33436
City/State and Zip Code

the ice pack sack@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill Capone at (732) 895-3064
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
20 APR - 1 AM 9:40



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 Apr 1st 1:13

March 18, 2020

JILL M CAPONE
1005 BELMONT PL
BOYNTON BEACH, FL 33436

SUBJECT: PRIME HEALTH PRODUCTS, LLC
Ref. Number: L19000122995

We have received your document for PRIME HEALTH PRODUCTS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 720A00005968

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Prime Health Products, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
STATE
CLERK
OFFICE
20 APR - 1 AM 9:40
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/06/2019 and assigned
Florida document number L19000122995

This amendment is submitted to amend the following:

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 "LLC."

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:

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

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)(b)

Dated 3/29, 2020

Shelly Kozminski
Signature of a member or authorized representative of a member

Shelby Krzastek
Typed or printed name of signee

Filing Fee: \$25.00