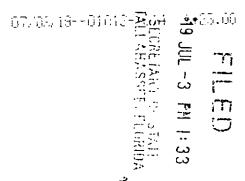
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COVER LETTER

TO: Registration Division of (
SUBJECT:	Prism Automotive Name of Lin	nated Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Daniel	V Mamne V Name of Person	
	Prism Aut	om ofive LLC Firm/Company	
	Prism Automotive LLC Name of Linated Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: Danie		
	Jacksonville	FL City/State and Zip Code	
	Prism automo E-mail address: (tive FL@gmail. (ovn	dication)
For further information			
Daniel (/ Mamne /	$\frac{263}{\text{Area Code}} = \frac{565}{\text{Daytim}}$	3 - 597/ ne Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee		-	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

 $S_{i,j} = \{ k_i \in \mathcal{K}_i \mid k_j \in \mathcal{K}_i \}$

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2664 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prism Automotive (Name of the Limited Liability Comme)	166							
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)							
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L/9000139669}{}$.	were filed on 5/24/2019	and assigned						
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited liab	ility company here:							
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" or the	ne abbreviation "L.L.C."						
Enter new principal offices address, if applicable:	8629 Atlantic Bluc	1						
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL,	32711						
Enter new mailing address, if applicable:	8629 Atlantic BI	v.d						
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL, 32211							
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Circ. Florida	# 6-100 64 						
	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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Daniel V Mamner	10485 MC AleeR RD	
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record speci he 90th day	fies a delar after the r	yed effective record is filed	date d.	e, but n	ot an ef	fective	time, a	t 12:01	a.m. o	n the	earlie
ed July	01_		_` <u>-</u>	2019	<u> </u>						
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	-	Signature of	a mem	ber or aut	horized ren	resentativ	e of a men	iber			

Page 3 of 3

Filing Fee: \$25.00