Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: ALVAREZ, SUAZO & ASSOCIATES

Account Number : I20130000076

: (305)388-7028

Fax Number

: (305)479-2705

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: 11 JUDZO C AWICZJUDZO FL. WM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## PRISMALITE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

+18054792705 PAGE 2/4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prismalite LLC		
(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 L19000143008	were filed on 05/29/2019 and assigned	d
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
n/a		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	i
Enter new principal offices address, if applicable:	11606 North Kendall Dr	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33176	
Enter new mailing address, if applicable:	11606 North Kendall Dr Miami, FL 33176	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new reg	gistere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	Florida City Code	
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and agi	ree to act in this capacity. I further agree to comply w	vith th

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.

2022-07-27 11:57 CDT - +13054792705 PAGE 3/4

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>	Name	Address	Type of Action
MGR	Tim Suazo	7951 Riviera Blvd Suite 101	
		Miramar, FL 33023	■Remove
			Change
President	Tim Suazo	7951 Riviera Blvd Suite 101	<b>∃</b> Add
		Miramar, FL 33023	□Remove
			Change
			[]Remove
			□ Change
		<del></del>	□Add
			□Remove
			Change
			□Add
			□ □Remove
			□Change
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			□Remove

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