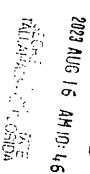
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| (F | Requestor's Name) | |
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| Certified Copies | Certificates of | Status |
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| Special Instructions to I | Filing Officer: | |
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Office Use Only



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2023 AUG 16 PM 12: 1

R. HUNT 08/16/23 FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINIER'S INITIALS:____

| Please use funds from this accoun- | t: I20210000160 \$25.00 |
|--|--|
| Authorization Signature: | Jan Full |
| PRIME BEACH DELIVERS LLC | L19000166491 <i>()</i> |
| Business Name | Doc. # |
| Certified Copy ofCertificate of Status NEW FILINGS | DIVISION OF CUR 2023 AUG 16 AMENDMENTS |
| Profit CorpNot for ProfitOfficer/DirectorLimited LiabilityDomesticationOtherCORPLLLP | |
| OTHER FILINGS | REGISTERATION/QUALIFICATIONS |
| Annual Report | Foreign filing Limited Partnership |
| Fictitious Name | Reinstatement |
| APOSTILLE Country | Other |

COVER LETTER

| TO: Registration Se Division of Cor | | | | | |
|--|--|---|--|-------------|--|
| | th Delivers LLC | | | | |
| SUBJECT: | Name of Limited L | Name of Limited Liability Company | | | |
| | | a.eev | | | |
| | Amendment and fee(s) are submitted | | | | |
| Please return all correspo | ondence concerning this matter to the | e following: | | | |
| | Renee Kaplowitz | | | | |
| | | Name of Person | | | |
| | Prime Beach Delivers LLC | | | | |
| | | Firm/Company | | : دم | |
| | 211 Flagler Lane | | | 1 530 | |
| | | Address | | 2023 AUG 16 | |
| | West Palm Beach, FL 33407 | | | 16 5 | |
| | | ty/State and Zip Code | | PH 12: 40 | |
| | rob@primebeachdelivers.com E-mail address: (to be | used for future annual report notif | cation) | - | |
| For further information | concerning this matter, please call: | | | | |
| Robert Kaplowitz | | 917 699-2138 | | | |
| Name | of Person | at () Area Code Daytime | Telephone Number | | |
| Enclosed is a check for | the following amount: | | | | |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| <u>Mailing Addre</u> Registration | | Street Address: Registration Sec | tion | | |

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Prime Beach Delivers LLC | | | | |
|--|--|--|------------------|-------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears o Liability Company) | n our records.) | | |
| The Articles of Organization for this Limited Liability Company Florida document number L19000166491 | were filed on 07/08 | /2019 | _ and assigne | ed |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here | : | | |
| Palm Beach Delivers LLC | | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the desig | gnation "LLC" or the abbre | viation "L.L.C." | , |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | ~ ~ | ט |
| • | | | 023 | |
| | | <u> </u> | AUG | 25 |
| Enter new mailing address, if applicable: | | | <u>-</u> | 83. |
| (Mailing address MAY BE A POST OFFICE BOX) | · | , <u>.</u> | | |
| | | | | - <u>G</u> |
| | | | | 프 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our reco | ords, enter the name o | the new Pe | gistered |
| | | | | |
| Name of New Registered Agent: | | | <u>.</u> | |
| New Kegistered Office Address: | | | | |
| | Enter Florida | street address | | |
| | | , Florida | | |
| | City | | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | i | | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | e performance of m provided for in Ch | y duties, and I am fan anter 605 F.S. Or if | this docume | m .d |

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 | Name | Address | Type of Action |
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| Note: If the | date, if other e date is listed, if ne date inserted s effective date | in this block d | oes not meet i | the applicable | te of filing or mos statutory filing | e than 90 days a requirements, | otional) fler filing.) Pursu this date will n | zm to 605,0207 ot be listed as |
| e record sp rd is filed. | ecifies a delaye | d effective date | , but not an e | ffective time, | at 12:01 a.m. oi | n the earlier of | (b) The 90th | day after the |
| | gust 16 | | | 023 | | | | |

Filing Fee: \$25.00

Typed or printed name of signee

Renee Kaplowitz