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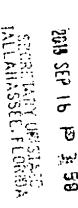
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(Document Number)				
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Carry Marin, and a





## **COVER LETTER**

TÓ:	Registration Sec Division of Corp			•	
SUBJE	CT:	Prime Plane of Limi	Curts LLC ted Liability Company	I	
The enc	closed Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Please r	eturn all correspon	dence concerning this matter t	to the following:		
		Erik	Sugl+ Name of Person		
			Firm/Company		
		8620	S.W. 4	2 st.	
		Miam	City/State and Zip Code	3155	
			e amail. Co		)
For furt	her information co	ncerning this matter, please ca	ıll:		
	Argi e Name of	Sveiti	at ( <u>305</u> ) Area Code	283-013 Daytime Teleph	none Number
Enclose	ed is a check for the	following amount:			
□ \$25	.00 Filing Fee	प्र 530.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		☐ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is encl

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

## TO ARTICLES OF ORGANIZATION OF

Plant Prime LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 8   1 2019. Florida document number <u>L19000196595</u> .	<del></del>
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 a	bbrevi
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, <u>enter</u> registered agent and/or the new registered office address here:	the .
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	
, Florida	
City	Zip
New Registered Agent's Signature, if changing Registered Agent:	3) 2
	<b>G</b> amilic Lif this
If Changing Registered Agent Signature of New R	egistere

MGR = Manager AMBR = Authorized Member <u>Address</u> Title <u>Name</u> MGR Erik Svelti 8620 S.W. 42 St Miami, F1 33155 С \_\_\_\_\_\_ \_\_\_\_\_0

or removed from our records:

Effec	tive date, if other than the date of filing: (optional)
f an e	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no
docui	nent's effective date on the Department of State's records.
е ге	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the
	90th day after the record is filed.
Dated	
	· · ·
	$\bigcap$
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Erik Svelt Typed or printed name of signee
	CIIK SYTIII
	Typed of printed name of signee

Page 3 of 3

Filing Fee: \$25.00