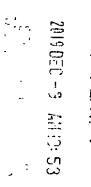
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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
PRIME CL	UB LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ENZO A. VEGA		
		Name of Person	
	PRIME CLUB LLC		
		Firm/Company	<del></del> -
	8315 NW 74TH STREET		
		Address	
	MEDLEY, FLORIDA 331	66	
		City/State and Zip Code	
	enzovega@gmail.com	to be used for future annual report not	idication
For further information c	oncerning this matter, please c	-	nication)
ENZO A. VEGA		786 246-7695	
Name of Person		at ()  Area Code Daytime Telephone Number	
Name o	l Person	Area Code Daytur	ie Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S	Section	<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Corporations The Centre of Tallahassee	
P.O. Box 632 Tallahassee, 1			Fallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIME CLUB LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)		
The Articles of Organization for this Limited L. Florida document number $\frac{1.19000217612}{1.19000217612}$	iability Company	were filed on AUGUST 26, 2019	and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	sords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		8315 NW 74TH STREET		
(Principal office address MUST BE A STREET ADDRES		MEDLEY, FLORIDA 33166		
Enter new mailing address, if applicable:		9737 NW 41ST STREET	2619 [	
Mailing address MAY BE A POST OFFICE	BOX)	STE. 300	CO 11	
	<del></del>	DORAL, FLORIDA 33178	un .	
B. If amending the registered agent and/or i		address on our records, enter the	name of the new regist	
agent and/or the new registered office addre	ss nere:		<b>5</b> 3	
Name of New Registered Agent:				
New Registered Office Address:	9737 NW 418	CSTREET STE. 300		
	Enter Florida street address			
	DORAL	, Floric	da <u>33178</u>	
		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>	Address	Type of Action
AMBR	ENZO A. VEGA	9737 NW 41ST STREET STE. 300	🗆 Add
		DORAL, FLORIDA 33178	□Remove
			■ Change
S GERMAN MON	GERMAN MONSALVE	9737 NW 41ST STREET	Add
		STE. 300	□Remove
		DORAL, FLORIDA 33178	☐ Change
			□Add
			□ Remove
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an eff <u>ote:</u>	ve date, if other than the date of filing:  12-1-2019  (optional)  ective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor is ti	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated	DECEMBER 1ST 2019
	. 11
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member  ENZO A. VEGA

Filing Fee: \$25.00