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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates of	Status
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# **COVER LETTER**

TO: Registration S Division of Co		
Prime Los	s Angeles LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	Rafael Bona	
	Name of Person	
	Prime Los Angeles LLC	
	Firm/Company	
	1694 Bayhill Dr.	
	Address	
	Oldsmar, FL 34677	
	City/State and Zip Code bebotbona@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
Rafael Bona	727 439-2677 at ()	
Name	of Person Area Code Daytime Telephone Number	_
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee &	Status & y

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prime Los Angeles LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 08/27/2019	and assigned
Florida document number L19000218456		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		21119
	·	<u> </u>
		<u> </u>
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		P ; 13
		<u> </u>
		<sup>Lii</sup> ቀተ
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		nter the name of the new
The second secon	<u></u> .	
Name of New Registered Agent:		
New Registered Office Address:		···
	Enter Florida street address	
	, Florid	aZip Code
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kumudben P. Shahiwala	5207 Middleton Dr. Parker TX 75002	
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			□ Change
			□ Add
			☐ Remove
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Note: 11	e date, if other than the date is listed, the date in the date inserted in this it's effective date on the	block does not m	ect the applicab	date of filing or more	optional (optional) than 90 days after filing equirements, this date	) 3.) Pursuant to 605,0207 (3 ; will not be listed as th
the reco ) The 9	rd specifies a delay Oth day after the re	ed effective decord is filed.	ate, but not a	an effective tim	e, at 12:01 a.m.	on the earlier of:
Dated O	ctober 4th		2019			
	111/2			, <del>-</del>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00