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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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R. WHITE

COVER LETTER

то:	Registration Se Division of Cor		
SIND II	Prime Mary	rland LLC	
SUBJI	ECT:	Name of Limited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please	return all correspo	indence concerning this matter to the following:	
		Rafael Bona	
		Name of Person Prime Maryland 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 re	eport notification)
For fur	ther information c	oncerning this matter, please call:	
Rafael			Daytime Telephone Number
	Name o	f Person Area Code	Daytime Telephone Number
Englos	ed is a check for th	ne following amount:	
zi 52.	5.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

MAILING ADDRESS:

·P

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Prime Maryland LLC

2019 COLL 17 PM 7: 24

(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	rere filed on	and assigned
Florida document number L19000225910		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(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 here: Name of New Registered Agent: New Registered Office Address:	ce address on our records, enter	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am fa ovided for in Chapter 605, F.S. Or,	imiliar with and if this document is

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

<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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ective date, if other than the effective date is listed, the date muster: If the date inserted in this ble nument's effective date on the December 2.	ock does not meet the	applicable statuto	ng or more than 90 days a ry filing requirements.	ptional) offer filing.) Pursuant to 605 this date will not be list	5.02 ed a
record specifies a delayed he 90th day after the reco	effective date, bord is filed.	ut not an effec	tive time, at 12:0	1 a.m. on the earlie	er
October 4th	2019				
2/1	 ·	·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00