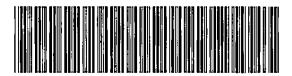
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2019 NOV -4 PH 5: 3"

C. GOLDEN

DEC - 6 2019

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COVER LETTER

TO: Registration Se Division of Con			
Prime Mar			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rafael Bona		
		Name of Person	
	Prime Maryland LLC		
	1604 Pauli II D-	Firm/Company	
	1694 Bayhill Dr.		
	Oldsmar, FL 34677	Address	
	bebotbona@gmail.com	City/State and Zip Code	
	E-mail address; (to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
Rafael Bona		727 439-2677 at ()	
Name o	nt Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25,00 Filing Fee	☐ \$30.00 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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 NOV -4 PM 5: 37

Prime Maryland 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 w Florida document number L19000225910	ere filed on 09/06/201	9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation	on "LLC" or the abbreviation "L.L.C."
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 here:		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	· · · · · · · · · · · · · · · · · · ·	, Florida Zip Code
	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 du ovided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, 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	Neha Patel	3200 Parkwood Blvd Apt #313 Plano, TX 75093	≅ Add
			Remove
			Change
			Add
			Remove
			☐ Change
			Add
		<u> </u>	Remove
			Change
			☐ Remove
			□ Change
			Add
			Remove
			□ Change
	<u></u>		Add
			□ Remove
			☐ Change

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Page 3 of 3

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