L20000335089

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COVER LETTER

SUBJECT:	CHANGE (- '				
		Name of Limi	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:				
		MARIA LUISA LORD					
		•	Name of Person				
SUBJECT: CHANGE OF NAME AND MANAGERS SAD ELD Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MARIA LUISA LORD Name of Person PRIME GROUP GLOBAL LLC Firm Company 1707 ORLANDO CENTRAL PARK WAY, STE 420 Address ORLANDO, FLORIDA, 32809 City/State and Zip Code lordandlordus@gmail.com E-mail address: to be used for future annual report notification) For further information concerning this matter, please call: MARIA LORD Name of Person Area Gode Daytime Telephone Number Enclosed is a check for the following amount: SEE \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address:							
CHANGE OF NAME AND MANAGERS SND ELD # Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MARIA LUISA LORD							
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	Division of Corporations CHANGE OF NAME AND MANAGERS SNO ELD # Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: MARIA LUISA LORD Name of Person PRIME GROUP GLOBAL LLC Firm Company 1707 ORLANDO CENTRAL PARKWAY, STE 420 Address ORLANDO, FLORIDA, 32809 City/State and Zip Code lordandfordus@ganail.com E-mail address: to be used for future annual report notification) or further information concerning this matter, please call: MARIA LORD Name of Person Name of Person Area Gode Daytime Telephone Number **Securificate of Status** Certificate of Status** Certificate of Status Security calditional copy is enclosed) Mailing Address: Registration Section Division of Corporations Provision of Corporations						
		ORLANDO, FLORIDA, 3	2809				
			City/State and Zip Code				
			-	ification)			
For further it	nformation c	oncerning this matter, please ca	all:				
MARIA LO	RD		3886 3201310				
	Name o	f Person	Area Code Daytin	ne Telephone Number			
Enclosed is a	check for th	ne following amount:					
■ S25.00 E	Filing Fee		Certified Copy	Certificate of Status &			
				ection			
P.C). Box 632	7	The Centre of I	Fallahassee			
Tal	lahassee T	FL 32314	2415 N. Moure	se Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20,

		——————————————————————————————————————
PRIME GROUP GLOBAL LLC		-9: 4: 17
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our recor Limited Liability Company)	ds)
The Articles of Organization for this Limited Liability Co Florida document number <u>L20000335089</u>	ompany were filed on 10/22/2020	and assigned
This amendment is submitted to amend the following:	_	22
A. If amending name, enter the new name of the limit	ed liability company here:	
PRIME GROUP OF AMERICA LLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Prine brown uf	
(Principal office address MUST BE A STREET ADDRI		e Parelley ando, 72.32819.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street addr	ess
	. F	Torida
	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, enter the title, name, and address of each person being added or removed from our records:

MCR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ROMMEL J. BENAVIDEZ GOME	1932 Lake Atruims Cir. Orlando, Fl. 32809	= Add
			□Remove
			□Change
VP	OLGA CAROLINA ESPINOZA	1932 Lake Atruins Cir, Orlando, Fl. 32809	= Add
			□Remove
			□Change
RA	MARIA L LORD	1707 Orlando Central Pkyw. Orlando, Fl. 32809	
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		-	\(\sum_C\)hange
			□Remove
			□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
President	KOMMEL JONIER BENDUDES GOMEZ		
	•		□Remove
			□Change
VICE PROJECT	Olga Coecus Espaces Mosquees		
	, _ ,,		□Remove
			□Remove
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
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ffective an effec	e date, if othe tive date is listed,	r than the da the date must be	te of filin specific an	g: d cannot be r	prior to date o	of filing or me	re than 90 da	(optional ys after filing) 5.) Pursuant to 6	05.020
vote: lí	the date insertent's effective da	ed in this block	does not a	meet the ap	plicable sta	tutory filing	requireme	nts, this date	; will not be li	isted a
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