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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CONTADORUSA INC.
Account Number : I20200000118
Phone : (305)260-6968
Fax Number : (786)513-7810

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Help

K. SALY

NOV - 8 2023

From: Paloma Duarte

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	. (((H23000386952 3)))
	AMENDMENT TO RGANIZATION OF BOY 85 it now addears on our records.) Liability Company)
PRIME SERVICES MIAMI LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L20000368850 This amendment is submitted to amend the following:	were filed on 11/23/2020 and assigned and assigned
A. If amending name, enter the new name of the limited liab	ollity company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15805 BISCAYNE BLVD
(Principal office address MUST BE A STREET ADDRESS)	STE 201
	AVENTURA, FL 33160
Enter new mailing address, if applicable:	15805 BISCAYNE BLVD
(Mailing address MAY BE A POST OFFICE BOX)	STE 201
	AVENTURA, FL 33160
registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address
Nam Danistanad Agant's Cignotum if shanging Danistanad Agant	City: Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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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 = M $AMBR = A$ $Title$	lanager Authorized Member <u>Name</u>	Address	Type of Action
AMBR	LIMA DE ARAUJO, MONIQUE	2419 NW 101 S T	
		MIAMI, FL 33147	□ Remove
			■ Change
AMBR	FACCIOLLA FERREIRA, ALINE	24 19N WI (I ST	□ Add
		MIAMI, FL 33147	Remove
			■ Change
			Remove
			Change Change Change Change Change Change
			Change &
			□ Change
			Add
			□ Remove
			Change

Page: 5 of 5

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f an effo Note:	ve date, if other than the date of filing:	i)(t
ne rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:	
	90th day after the record is filed.	
Dated	NOVEMBER 03	
Jaicu .		
	Signature of a member or authorized representative of a member	
•	MONIQUE LIMA DE ARAUJO	