## K21000024753

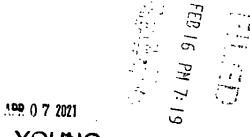
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:
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02/18/21--01015--018 ++25.00



S. YOUNG

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

**)**:

Division of Cor	porations			
BJECT:	Prime S	Endoc ime of Limit	sinology of t	ampa, Lic
e enclosed Articles of	Amendment and fee(	s) are subn	nitted for filing.	
ase return all correspo	ndence concerning th	his matter t	o the following:	
	F	trchar	la Swaml Name of Person	
	Prime	endo	crinology of	tampa_
	<u>- 88</u>	37 C	itrus Palm Drive	<u>.                                    </u>
			City State and Zip Code  Swam @ hotma  be used for future annual report noti	
further information c				tication)
Archana Name o	Swam) Person		at ( <u>S&amp;)</u> ) <u>705 -</u> Area Code Daytim	5757 e Telephone Number
losed is a check for th	ne following amount:			
\$25.00 Filing Fee	□ \$30,00 Filing I Certificate of		[] \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations		Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia)	Crinology of tamba	LLC
TA Flor	da Limited Liability Company)	
e Articles of Organization for this Limited Liability	•	and assigned
is amendment is submitted to amend the following		
If amending name, enter the new name of the h	nited liability company here:	2021
new name must be distinguishable and contain the words "I	mited Dability Company," the designation "LLC" (	or the abbreviation L.L.C.
ter new principal offices address, if applicable:		<del>-</del> 6
incipal office address MUST BE A STREET AD.	RESS)	PH :
		<del></del> '
		9
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		<u> </u>
If amending the registered agent and/or registent and/or the new registered office address here  Name of New Registered Agent:		ne name of the new registe
New Registered Office Address:		
rest registered office reducts.	Enter Florida street address	
	, Flor	ida
<u> </u>	City	Zip Code
· Registered Agent's Signature, if changing Registe	ed Agent:	
reby accept the appointment as registered agencisions of all statutes relative to the proper and	complete performance of my duties, and	

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

ABR = Authorized Member

t <u>le</u>	<u>Name</u>	Address	Type of Action
WY wy	Archana Swami	8837 Citrus Palm Drive	<b>L</b> XAdd
		Tampa FL 33626	□Remove
			□Change
Mer	Vijay Swami	8837 Citrus Palm Dive	XAdd
		Tampa PL 33626	□Remove
		<del></del>	□Change
	***************************************		🗖 Add
			□Remove
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effe <u>e:</u>	ve date, if other than the date of filing:
core fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the ed.
ed _	2/10/2021
	Signature of a member or authorized representative of a member
	Signature of a inemper of authorized representative of a member
	Archana Swam! Typed or printed name of signee