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COVER LETTER

TO:

TO: Registration Se Division of Cor				
MD-PRIM	LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The anglocad Articles of	Amendment and fee(s) are sub	unitted for Elina		
		<u>-</u>		
riease return an correspo	ondence concerning this matter	to the following:		
	IVAN BRAVO			
		Name of Person		
	RED SQUARE ACCOUN	TING AND TAX, LLC		
		Firm/Company		
	6052 TURKEY LAKE RI) #144		
		Address		
	ORLANDO, FL 32819			
		City/State and Zip Code		
	INFO@REDSQUARETA:			
For further information c	n-mail address: (concerning this matter, please c	to be used for future annual report not all:	ineation)	
IVAN BRAVO	,	407 7178150		
	f Person	at ()	ne Telephone Number	
Name o	i i cison	Area Code Dayiii	ie reiephone (vanibe)	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		Street Address: Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MD-PRIM LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L21000173477	lity Company were filed on 04/14/2021	and assigned
This amendment is submitted to amend the followir	าธิ:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office address on our records, enter the na	me of the new registere
The state of the s	 -	. 2
Name of New Registered Agent:		# 2 2
New Registered Office Address:		DEC
	Enter Florida street address	0
_	, Florida _	O P D
New Registered Agent's Signature, if changing Regis	•	2: 18
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this cha	gent and agree to act in this capacity. I further a and complete performance of my duties, and I am ed agent as provided for in Chapter 605, F.S. Of istered office address, I hereby confirm that the I	gree to comply with the familiar 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>	Name LEVIKA COMSTRUCTION	Address	Type of Action
AMBR	AND REMODERING, LLC	1095 JASON RIDGE CT	= Add
		KISSIMMEE, FL, 34747	□Remove
			□Change
			
			□Remove
			□Change
			□Add
			Remove
			Change
	 		□Add
			Remove
			□ Change
		 = =	🗖 Add
		□Remove	
			Change
			□Add
			Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)

E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated December 06 2001
Signature of a member or authorized representative of a member
MIHAIL BARCARI

Filing Fee: \$25.00

Typed or printed name of signee