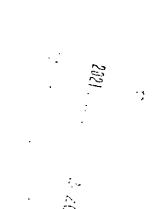
# 

(Re	equestor's Name)		
(Ad	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Вс	usiness Entity Na	me)	
(Dc	ocument Number	)	
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		







### FLORIDA FILING & SEARCH SERVICES, INC.

## P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

5/25/2021

NAME:

PRIMUS WEALTH LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

abbie Hodge

#### **COVER LETTER**

TO: Registration S Division of Co		
	ealth LLC	
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.
Please return all corresp	pondence concerning this matter	to the following:
	Daniel Steigert	
		Name of Person
	IBCF, Inc.	
		Firm/Company
	101 Main Street, Suite On	e
	1000000	Address
	Tappan, NY 10983	
		City/State and Zip Code
	dsteigert@ibcf.com E-mail address: (	to be used for future annual report notification)
For further information	concerning this matter, please c	
Daniel Steigert		845 398-0900
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rnmus wearn LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears an our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 121000235272	y Company were filed on 5/20/2021	and assigned.
This amendment is submitted to amend the following	;;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our records, <u>enter the</u> <u>e</u> :	name of the new registere
Name of New Registered Agent:		men q
New Registered Office Address:	Enter Florida street address	晋 5
	Emer x toriuu zireet aaaress	
·	, Florid	
	Cht.	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Primus Holding Kft:	First Floor, 6 Szepvolgyì	<b>⊟</b> Add
		1023 Budapest, Hungary	□Remove
			□Charige
			□Add
			Change
<del></del>			CIAdd
		·	□Remove
			□Сһапде
<del></del>			
			⊟Remove
			Change
			□Add
			□Remove
<u>_</u>			□Add
		_	□Remove
			□ Change

			<u> </u>	. <u> </u>				
· · · · · · · · · · · · · · · · · · ·		<del></del>						<del>-</del>
			<del></del> •			<u> </u>		<del></del>
								·····
			<u> </u>					
<del>_</del>	_							
						<u>-</u>		
		<del></del>	_		<u> </u>			
				·				
·		···				<del></del> -		<del></del>
				<del></del>				
			<del></del>					
	<u> </u>							<del></del> -
fective date, if other than an effective date is listed, the date ote: If the date inserted in the ocument's effective date on the	2 DIOCK GOES	noi meet in	и аррисаон	nie of filing o	r more than 9 ling require	(optio 0 days after f ments, this	nal) iling.) Pursua date will not	át io 605.020 : be listed a:
record specifies a delayed efforis filed.	ctive date, b	ut not an eff	fective time.	at 12:01 a.r	n: on the ea	rlier of: (b)	The 90th d	lay after the
May 25		202	:1			^		
			~~	-	(	23:		
	Simo	of a member		سب سب			7	

Filing Fee: \$25.00