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| (Requestor's Name) | |
| (Address) | }! |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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| | |
| 08/16/21 | |

Office Use Only



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88/02/21--81020--013 **25.00

21 AUG -2 PH 3: 48

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Division of Cor | porations | | |
|---|--|---|--|
| Primus Ass | et LLC | | |
| SUBJECT: | Name of Lim | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | indence concerning this matter | to the following: | |
| | Humberto Rego | | |
| | | Name of Person | |
| | New World | | |
| | | Firm/Company | |
| | 717 Ponce de Leon Blvd S | Suite 305 | |
| | | Address | |
| | Coral Gables, FL 33134 | | |
| | | City/State and Zip Code | |
| | Brego@bellsouth.net | | |
| | E-mail address: (| to be used for future annual report no | otification) |
| For further information co | oncerning this matter, please ca | all: | |
| HumbertoRego | | 305 331-0664 | |
| Nате о | f Person | | me Telephone Number |
| Enclosed is a check for th | ne following amous | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Addres</u> Registration S | | Street Address: Registration S | ection |
| Division of C | orporations | Division of Co | orporations |
| P.O. Box 632 | 7 | The Centre of | Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 21 AUG -2 PM 3: 48

Primus Asset LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Compa | ny were filed on July 1, | 2021 and assigned |
|--|--|---|
| Florida document number L21000304027 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Lie | ability Company," the design | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | e address on our reco | rds, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida s | treet address |
| | | Florida Zip Code |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agen | | |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change. | ete performance of my us provided for in Chap | duties, and I am familiar with and oter 605, F.S. Or, 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 |

| MGR = Manager AMBR = Authorized Member | | | Address 21 AUG -2 PH 3: 48 Type of Actio | | |
|---|----------------------|------------------|--|----------------------------|--|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | 21 AUG -2 PH 3 | : 48 <u>Type of Action</u> | |
| MGR | SZABO, DR. GABOR | FIRST FLOOR, 6 | | = Add | |
| | | BUDAPEST, NA 1 | 023 HU | □Remove | |
| | | | | □Change | |
| MGR MENYHEI, DR. | MENYHEI, DR. AKOS | FIRST FLOOR, 6 | SZEPVOLGYI UT | ≣ ∧dd | |
| | | BUDAPEST, NA 1 | 023 HU | □Remove | |
| | | | | ☐Change | |
| MGR | PALMAI-PALLAG, DAVID | FIRST FLOOR, 6 | SZEPVOLGYI UT | = Add | |
| | | BUDAPEST, NA 1 | 023 HU | □Remove | |
| | | | | □Change | |
| MBR | PRIMUS HOLDING KFT | FIRST FLOOR, 6 S | SZEPVOLGYI UT | ≣Add | |
| | | BUDAPEST, NA 1 | 023 HU | □Remove | |
| | | | | □ Change | |
| | | | | □Add | |
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_____ Change

| 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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. e 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 rd is filed. Dated Dated July 29 Legnature of a member or authorized representative of a member | Effective date, if other than the date of filing: Suly 29, 2021 (optional) fan 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 605.020. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after the dis filed. Dated July 29 O21 | | | <u>u 2-1-8</u> |
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Filing Fee: \$25.00