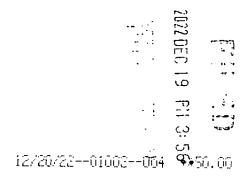
L21000318852

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
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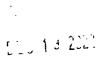
Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Laviis	h <u>image Affare</u> Name of Lim	LLC		
<u></u>	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	~	.		
	Shamar Mitc	hell Name of Person		
		Name of Person		
	Laviish image	Apparel LLC		
	J	Firm/Company		
	2660 NW 44th	Ave		
		Address		
	lauderhill FL	33313		
	.	City/State and Zip Code		
	Erisha-Shandase E-mail address: (ani What mail com	tification)	
For further information co	oncerning this matter, please ca	ıll:		
<i>C</i> 11	1			
Name of	Chell Person	at 75 4) 234 3	ne Telephone Number	
Enclosed is a check for the	e following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60,00 Filing Fee,	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
			(additional copy is enclosed)	
Mailing Address	Ē	Street Address:		
Registration S		Registration Section		
Division of Co P.O. Box 632	-	Division of Co The Centre of		
Tallahassee, F			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Company were filed on 07/13/2021 Florida document number **L21000318852**... This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PrimeStar Express LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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
			□Remove
			□ Change
			□ Add
		·	□Remove
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Facti	e date, if other than the date of filing:
in effe <u>ote:</u>	e date, if other than the date of filing:
ecore	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th d.
ated_	2-19-2022
_	Signature of a member or authorized representative of a member

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