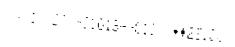
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## **COVER LETTER**

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Michaela Reynolds    This is a check for the following amount:   This is a check for the check for the following amount:   This is a check for the follow	TO: Registration Se Division of Cor			
Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Jacob Robinson	prir LLC			
Please return all correspondence concerning this matter to the following:    Jacob Robinson	SUBJECT:	Name of Lim	ited Liability Company	
Jacob Robinson    Name of Person	The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Name of Person  prir LLC  Firm/Company  14123 85th Ave  Address  Seminole, FL 33776  City/State and Zip Code office.kindachildish@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Michaela Reynolds  727 Area Code  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Please return all correspo	ondence concerning this matter	to the following:	
Firm/Company  14123 85th Ave  Address  Seminole, FL 33776  City/State and Zip Code  office.kindachildish@gmail.com  E-naif address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Michaela Reynolds  727 371-6223  at (		Jacob Robinson		
Firm/Company  14123 85th Ave  Address  Seminole, FL 33776  City/State and Zip Code office,kindachildish@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Michaela Reynolds  727 371-6223  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Bigsize \$25.00 \text{ Filing Fee} \Bigsize \$30.00 \text{ Filing Fee} \Bigsize \$Certified Copy \text{ Certificate of Status} \text{ Certified Copy \text{ Certificate of Status} \text{ Certified Copy \text{ Certified Copy} \text{ Certified Copy \text{ Certified Copy}			Name of Person	
Address  Seminole, FL 33776  City/State and Zip Code office, kindachildish@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Michaela Reynolds  Name of Person  Area Code  Total address: (10 be used for future annual report notification)  For further information concerning this matter, please call:  Michaela Reynolds  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy		prir LLC		
Seminole, FL 33776  City/State and Zip Code  office.kindachildish@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Michaela Reynolds  Name of Person  The Code office annual report notification of future annual repor			Firm/Company	
Seminole, FL 33776  City/State and Zip Code  office.kindachildish@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Michaela Reynolds  Name of Person  Total address: (to be used for future annual report notification)  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Solution See Sectificate of Status  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy		14123 85th Ave		
City/State and Zip Code  office.kindachildish@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Michaela Reynolds  Name of Person  Total address: (to be used for future annual report notification)  at (27 ) 371-6223  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Bigsim \frac{1}{2} \			Address	
office.kindachildish@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Michaela Reynolds    1727		Seminole, FL 33776		
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Michaela Reynolds  T27 371-6223  at (			•	
For further information concerning this matter, please call:  Michaela Reynolds  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Bigsim \text{\$\frac{371-6223}{Area Code}}\$ \tag{\text{Daytime Telephone Number}}\$  Enclosed is a check for the following amount:  \$\Bigsim \text{\$\frac{350.00}{Area Code}}\$ \tag{\text{Daytime Telephone Number}}\$  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  Certified Copy				cation)
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Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	Enclosed is a check for the	he following amount:		
	■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Mailing Address:  Registration Section  Registration Section				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

prir LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>15.</u> )
The Articles of Organization for this Limited Liability	Company were filed on 01/24/2022	and assigned
Torida document number L22000042986	·	
this amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
cinda childish LLC		
he new name must be distinguishable and contain the words "Li	inited 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 ADL	ORESS)	
Enter new mailing address, if applicable:		_
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register		the name of the new registe
gent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	23
	Fl	erida
	City	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
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
	<del>-,</del>		□Add
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			Remove
			□Remove
			□Change

	<del></del>
(If an el Note:	tive date, if other than the date of filing:
the reco cord is f	rd 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 iled.
Dated	March 25 . 2023.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00