L22000100795

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SECHETARY OF STATE DIVISION OF CORPORATION 22 APR 13 PM 3: 26

T. MATTHEWS MAY - 3 2022

COVER LETTER

TO:

FO: Registration Sc Division of Cor			
Prime Press	sure Naples LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Xavier Smith		
		Name of Person	
	Prime Pressure Naples LL0	Ċ	
		Firm/Company	
	295 Porter St		
		Address	
	Naples, FL 34113		
		City/State and Zip Code	
	Primepressurenaples@gmai		
For further information c	roncerning this matter, please c	to be used for future annual report no all:	(Hication)
Xavier Smith		239 692-7570 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
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 radditional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Address		Street Address:	ion
Registration : Division of C		Registration S Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION SECRETARY OF STATE ORVISION OF CORPORATIONS

Prime Pressure Naples LLC

22 APR 13 PM 3 26

(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 <u>02/25/2022</u>	and assigned
Florida document number 1.22000100795		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Francisco de Composition de Composit		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	(V
	, FI	orida
	Сиу	oridaZap Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as plaing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, as provided for in Chapter 605.	nd I am familiar with and 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Vancliffe Tristan Hammond	405 W 7th St	≣ Add
		Lehigh Acres, FL 33972	□Remove
			□ Change
MGR	Jesenia Aileen Estrella	405 W 7th St	≡ ∧dd
		Lehigh Acres, FL 33972	□Remove
			□Change
			□ Remove
	 	□Change	
			□Remove
			□Change
			□Add
			□Remove
			□Remove

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fective date, if other than t	he date of filing:			ptional)	
an effective date is listed, the date in tote: If the date inserted in this ocument's effective date on the	block does not meet the	e applicable statutory			
ecord specifies a delayed effectis filed.	tive date, but not an effe	ective time, at 12:01	a.m. on the earlier of	: (b) The 90th day after	r the
April 9th	2027	2			
		 -			
_ /	,				

Typed or printed name of signee