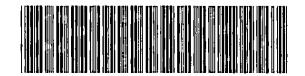
## h22000164733

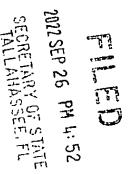
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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## **COVER LETTER**

TO: Registration Se Division of Co.		• 5"	•	••	
	ESTORATION LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
	ondence concerning this matter	-			
	LISA WILLIAMS				
		Name of Person			
	2789 EAGLE ROCK CIR	CLE 210			
		Address		ഗ	2
WEST PALM BEACH FL 33411				ECRE TAL	2022 SEP 26
		City/State and Zip Code		AT A	70
	PRIMERRESTORATION	<u>-</u>		TAS C	λ λ
		to be used for future annual report notific	ration)	TARY OF AHASSEE	TO !
For further information c	concerning this matter, please o	all:		150 T	- ·
LISA WIĻLIAMS		561 503-5848 at ( )			22
Name of Person Area Code Daytime Telephone		Telephone Number			
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	Solution 5 \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres Registration S		Street Address: Registration Sect	ion		
Division of Corporations		Division of Come			

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIMER RESTORATION LLC				
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records. ited Liability Company)	)		
The Articles of Organization for this Limited Liability Com	pany were filed on 04/06/2022	and assigned		
Florida document number L22000164733				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	<del></del>			
(Principal office address MUST BE A STREET ADDRES	<u> </u>			
		022 022 77		
		RE SEF		
Enter new mailing address, if applicable:		TAR AH		
(Mailing address MAY BE A POST OFFICE BOX)		SSC -0 111		
		FEA. 5		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter tl</u>	ne name of the new registere		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:				
	Enter Florida street address			
	, Flor			
	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 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
MGR	LISA WILLIAMS	2789 EAGUE ROCK CIRCLE 210	
		WEST PALM BEACH, FL 33411	
AMBR	RICARDO WILLIAMS	2789 EAGLE ROCK CIRCLE 210	□Add
		WEST PALM BEACH, FL 33411	□ Remove
			≣Change
AMBR	CHRISTIAN WILLIAMS	2789 EAGLE ROCK CIRCLE 210	□Add
		WEST PALM BEACH, FL 33411	□Remove
			ĦChange
			SECRUTARY TALLAHAS
			YOF STATE
			CRemove
			□Change
			□Remove
			FT 411

Typed or printed name of signee