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To:

Page: 2 of 5

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TIMELINE BUSINESS CENTER LLC

Account Number : 120150000034 Phone : (239)344-7417 Fax Number : (888)344-7262

\*\*Enter the email address for this business entity to be used for future

Email Address: contact@primeepoxyworks.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRIME EPOXY WORKS LLC

annual report mailings. Enter only one email address please. \*\*

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JUN - 1 2022 -

K. Brumbley

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIME EPOXY WORKS			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea .iability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	04/06/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company h	erc:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5710 INVERN	ESS CIR	
(Principal office address MUST BE A STREET ADDRESS)	NORTH FORT MYERS, FL 33903		
Enter new mailing address, if applicable:  [Mailing address MAY BE A POST OFFICE BOX]	5710 INVERN	FSS CIR FMYERS, FL 33903	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our	records, enter the n	same of the new registered
Now Registered Office Address:	Enter Fl	orida sweet address	PH
	Cin-	, Florida	Zin Code
	C111		

## 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 in merely reflect a charge in the registered affice address. I hereby confirm that the limited liability company has been notified in writing of this change.

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2022-06-01 13:53 01 GMT

18883447262

From: Ismael Cardoso

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

Title	Name	Address	Type of Action
AMBR	LAILA CAMPOS MOREIRA	5710 INVERNESS CIR	ĕAdð
		NODTH FORT MYERS EL 33903	[]Remove
			Change
			DAdd
			□Reibove
			Change
			ClAdd
			□Remove
			EChange
	,		I Add
			Remove
			Change
			GRemove
			:_iChange
			E Add
			□Remove
			□Chance

If amending any other information	manda, enter enange(s) ner	e, primari daminima ilike	and the company of the company
			And the state of t
		<u> </u>	
Effective date, if other than If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific and cannot be prior s block does not meet the appli	cable statutory filing require	(optional) 99 days after filing.) Pursuant to 605,0207 emonts, this date will not be listed as
e record specifies a detayed effo rd is filed.	ctive date, but not an effective	time, at 12:01 a.m. on the ea	orlier of: (b) The 90th day after the
Dated <u>05/27</u>	. 20:22	ngangy ana	
	N		
	Signature of a member or aut.	horized representative of a mer	nher
,	アン THIAGO DOS	SANTOS PEIXOTO	
		nted name of signee	