

09/30/2023, 18:58

Division of Corporations

L22000170455

Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : EAST COAST MULTISERVICE INC
 Account Number : I20230000142
 Phone : (305)631-2190
 Fax Number : (786)713-1965

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OCT 10 2023

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INVESTMENT ADVISER COMPLIANCE, LLC

Certificate of Status	0
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DIVISION OF CORPORATIONS
FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2023 OCT 10 10:55 AM

INVESTMENT ADVISER COMPLIANCE, LLC

(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 10/08/2022 and assigned Florida document number 1.22000170455

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PRIMELINK VENTURES LLC

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:

1275 W 47TH PL

(Principal office address MUST BE A STREET ADDRESS)

SUITE 312

HALEAH, FL 33012

Enter new mailing address, if applicable:

1275 W 47TH PL

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 312

HALEAH, FL 33012

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

Florida

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

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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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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 SUNBIZ LLC

