

H22000254855 3

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L22000230263

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

From:  
 Account Name : VENERABLE CORPORATE AND TRUST SERVICES, LLC  
 Account Number : I20210000107  
 Phone : (813)284-4727  
 Fax Number : (813)436-8460

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

Email Address: jsampson@venerable.law

2022 JUL 28 AM 11:26

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**FNGD PRIME, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

2022 JUL 28 AM 10:08  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPROVED  
 AND  
 FILED



ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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FNGD PRIME, 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 MAY 26, 2022 and assigned Florida document number L22000230263.

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 "L.L.C." or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
APPROVED AND FILED

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: H22000254855 3

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>            | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|------------------------|----------------------|--|
| MGR          | FNG HOLDINGS, LLC      | 30 N GOULD ST, STE R | <input checked="" type="checkbox"/> Add    |
|              |                        | SHERIDAN, WY 82801   | <input type="checkbox"/> Remove            |
|              |                        |                      | <input type="checkbox"/> Change            |
| MGR          | FNG PRIME HOLDING, LLC | 30 N GOULD ST, STE R | <input type="checkbox"/> Add               |
|              |                        | SHERIDAN, WY 82801   | <input checked="" type="checkbox"/> Remove |
|              |                        |                      | <input type="checkbox"/> Change            |
|              |                        |                      | <input type="checkbox"/> Add               |
|              |                        |                      | <input type="checkbox"/> Remove            |
|              |                        |                      | <input type="checkbox"/> Change            |
|              |                        |                      | <input type="checkbox"/> Add               |
|              |                        |                      | <input type="checkbox"/> Remove            |
|              |                        |                      | <input type="checkbox"/> Change            |
|              |                        |                      | <input type="checkbox"/> Add               |
|              |                        |                      | <input type="checkbox"/> Remove            |
|              |                        |                      | <input type="checkbox"/> Change            |

