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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Prime Builders of America LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stanley Cloasdaile Name of Person
Prime Builders of America LLC Firm/Company
1715 W 4251:11+ APT 103
Hialiah FL 33012  City/State and Zip Code  (roas daile 860 (ama). Um  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stanley Cloasdaile at (780) 550-3725  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Prime Builders of Ame	ov as it now appears on our records.)
(Name of the Limited Liability Compar	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2200345450</u>	were filed on AUGU-5+5 <sup>th</sup> 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 here:
The new name must be distinguishable and contain the words "Limited Liabi	
The new name must be distinguishable and contain the words. Elimited Elasti	my company, we c
Enter new principal offices address, if applicable:	<del></del>
(Principal office address MUST BE A STREET ADDRESS)	TO THE
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	TAM 9: 26 HASSEE, FL
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

|GR = Manager | MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
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	1	1715 N 4251111 AP! 103 Hialeah TL, 33012	□Remove
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). If amending any other	information, enter	r cnange(s) nere:	(Attach adaitional si	neets, ij necessary.j	
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C. Effective date, if other (If an effective date is listed, the Note: If the date inserted document's effective date	I in this block does no	ot meet the applicabl	date of filing or more that le statutory filing requ	(optional) n 90 days after filing.) Pur irements, this date will	suant to 605.0207 (3)( not be listed as the
the record specifies a delayed to the record specifies a delayed to the record is filed.				earlier of: (b) The 90	th day after the
Dated August	15 <sup>th</sup>	2022			
	Signature o	f a member or anthoriz	red representative of a m	ember	
<u>5</u> ta	nley croo	Sdart Typed or printed	name of clanne		