## 622000443675

(Req	questor's Name)	
(Add	iress)	
(Add	ress)	
(City.	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

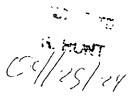
Office Use Only



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04/29/24--01002--015 \*\*25.00





## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIME INTELLECT LLC (Name of the Limit	ed Liability Compa	ny as it now appears on our r Liability Company)	records.)
	(A Florida Limited l	Liability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on10/17/2022	and assigned
lorida document number L22000443675			
his amendment is submitted to amend the foll	owing:		
. If amending name, enter the new name o	f the limited liab	ility company here:	
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		820 SW Federal Hwy	
Principal office address MUST BE A STREE	T ADDRESS)	Unit #222	· · · · · · · · · · · · · · · · · · ·
		Stuart, FL 34994	13 13 12. O
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		820 SW Federal Hwy	(E) (G) (G)
		Unit #222	TE 1
		Stuart, FL 34994	
			•
. If amending the registered agent and/or r	_	address on our records, <u>c</u>	enter the name of the new regi
gent and/or the new registered office addre	ss here:		
	Cornorata Cros	itions Network Inc.	
Name of New Registered Agent:	Corporate Crea	mons network me.	
New Registered Office Address:	801 US Highw	<u> </u>	
_		Enter Florida street i	address
	North Palm Be	ach	_, Florida _ <sup>33408</sup>
		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>	Address	Type of Action
AMBR	JOSHUA PETTY	820 SW Federal Hwy Unit #222	□Add
		Stuart, FL 34994	□Remove
			■ Change
			□Add
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			Change
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			☐ Change
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			□Remove
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fective date, if other than the on effective date is listed, the date must ote:  If the date inserted in this blocument's effective date on the De	date of filing: be specific and cannot be prior to date of ck does not meet the applicable state partment of State's records.	(option of filing or more than 90 days after utory filing requirements, this	onal) filing.) Pur date will	suant to not be	605.020 listed a
ecord specifies a delayed effective is filed.	date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b	) The 90	th day :	after the
	2024				
ted April 26					