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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

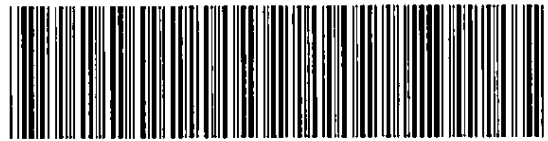
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2023 OCT 20 PM 2:33  
RECEIVED  
FBI - NEW YORK

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PRIME AUTOMOTIVE & LOGISTICS 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:

SUMMER KOCCHI

Name of Person

PRIME AUTOMOTIVE & LOGISTICS LLC

Firm/Company

1982 STATE ROAD 44 #222 NEW SMYRNA FL 32168

Address

City/State and Zip Code

SUMMERKOCCHI@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Summer Kocchi

Name of Person

at (386) 868 6690

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

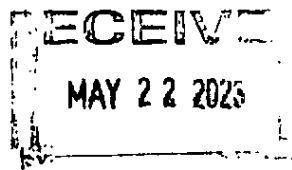
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| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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



2023 OCT 20 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FL

PM 1:00

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

Prime Automotive & Logistics 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 4/13/2023 and assigned  
Florida document number L23000184765.

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

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

2354 WINTER WOODS BLVD

STE 2304

WINTER PARK FL 32792

**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 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**

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>
MGR	SUMMER KOCCHI	1982 STATE ROAD 44 #222 NEW SMYRNA FL 3:	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	CHRISTIAN BOB	1982 STATE ROAD 44 #222 NEW SMYRNA FL 3:	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2022 OCT 28 PM 3:33  
SECRETARY'S OFFICE  
TALLAHASSEE, FLORIDA



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**Enter new principal offices address, if applicable:**

2354 WINTER WOODS BLVD

**(Principal office address MUST BE A STREET ADDRESS)**

STE 2304

WINTER PARK FL 32792

**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 Code*

**New Registered Agent's Signature, if changing Registered Agent:**

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SECRETARY'S OFFICE  
2022 OCT 20 PM 2:33  
FALLA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2003 OCT 20 PM 2:33  
SECRETARY OF STATE  
TALLAMOUNTAIN

2023 OCT 20 PM 2:33  
SECRETARY OF THE  
TALLAHASSEE

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(h)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 5-9 2023

Signature of a member or authorized representative of a member

CHRISTIAN BOB

Typed or printed name of signee