L23000293695

(Requestor's Name)	
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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2023 AUG 25 MM 9: 30 SECRETARY OF STATE

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corpora	ations	;		12
SUBJECT: Prime	? 700 So	wtions LL		
	Name of Limit	ted Liability Company		
The enclosed Articles of Amo	endment and fee(s) are subn	nitted for filing.		
Please return all corresponde	nce concerning this matter t	o the following:		
-	Kyler Lu Prime 700		LC	
	P-0 Box	Firm/Company 8 6 11 Address		
	Madeira	State and Zip Code Time FL @ Gt o be used for future annual report no	AAIL-complete Musher 19:30	Wanter
_	E-mail address: (t	o be used for future annual report no	tification)	**************************************
For further information conce	erning this matter, please ca	ill:	700 E	n i d
Hyler W P	wirnett rson	at (941) 920 Area Code Dayti) 2028 TE War Telephone Number TE	, , ,
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee (□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Address: Registration Sec Division of Corp		Street Address: Registration S Division of Co		
P.O. Box 6327	rotations	The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Comp	iany as it now appears on our records.) (Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L23000293695</u> .	y were filed on 06/19/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	-MA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETARY OF STALLANDS SEE. F.
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:	Ester Florida sfreet activess
	Florida Zin 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

or removed f	Authorized Person(s) authorized to from our records:	manage, enter the title, name, and address of each person being adde
MGR = Ma		
<u>Title</u>	<u>Name</u>	Address
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	: must be specific an is block does not i	d cannot be prior meet the applic	able statuto	ling or more tha	opti an 90 days after uirements, thi	r filing.) Pu	irsuant to 6 Il not be l	605.0207 listed as
e record specifies a delayed efford is filed.								
Dated 17th Day	i August	<u>2023</u> 64	-[] [indi	2. Ma	olina 1	I ka Can	. L	_
	Signature of a	member or autho	INCO orized repres	sentative of a r	211Na l	rcla	refa	E

Typed or printed name of signee