

L23000301483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

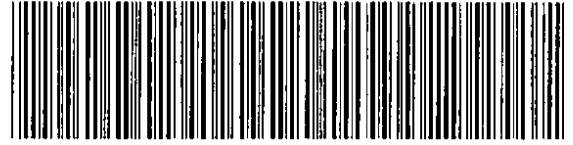
(Business Entity Name)

(Document Number)

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2023 JUL 21 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FL

VUC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIME TIME ADS, 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:

FLORGINIA MATA DE GARCIA

Name of Person

PRIME TIME ADS, LLC

Firm/Company

3938 SW SAILFISH DRIVE

Address

PALM CITY, FL 34990

City/State and Zip Code

FLORGINIA.MATA@GMAIL.COM

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

For further information concerning this matter, please call:

FLORGINIA MATA DE GARCIA

at (561) 800-8813

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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 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 TIME ADS, 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 06/22/2023 and assigned
Florida document number L23000301483.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PRIME TIME CREATIVE MARKETING, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

3340 SE Federal Hwy #338
Stuart, Florida 34997

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:

Florginia Navarro Mata.

New Registered Office Address:

3340 SE Federal Hwy #338
Enter Florida street address

Stuart

City

Florida

34997

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

AMBR = Authorized Member

Case	Initial	Final	Change
1			<input type="checkbox"/> Add
2			<input type="checkbox"/> Remove
3			<input type="checkbox"/> Change
4			<input type="checkbox"/> Add
5			<input type="checkbox"/> Remove
6			<input type="checkbox"/> Change
7			<input type="checkbox"/> Add
8			<input type="checkbox"/> Remove
9			<input type="checkbox"/> Change
10			<input type="checkbox"/> Add
11			<input type="checkbox"/> Remove
12			<input type="checkbox"/> Change
13			<input type="checkbox"/> Add
14			<input type="checkbox"/> Remove
15			<input type="checkbox"/> Change

[illegible]

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.

Dated _____, _____

Typed or printed name of signee

Filing Fee: \$25.00