## 123000421041

(Requestor's Name)
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A. RAMSEY

## COVER LETTER

	legistration Se Pivision of Cor				
CUDINCT	PrimeTech				
SUBJECT	li	Name of Lin	ited Liability Company		
The enclos	sed Articles of	Amendment and fcc(s) are sub	emitted for filing.		
Please retu	ırn all correspo	ndence concerning this matter	to the following:		
		Kionne Johnson			
			Name of Person		
		PrimeTech BPO LLC			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	<del>.</del>	
		741 Spring Palms Loop			
			Address		
		Orlando, FL 32828			
			City/State and Zip Code	<del></del>	
		kionnejohnson@gmail.com			
			to be used for future annual report no	itification)	
For further	information co	oncerning this matter, please c	all:		
Kionne Jo	hnson		407 520-4761 at ()		
	Name of	Person	Area Code Dayti	me Telephone Number	
Enclosed is	s a check for th	ne following amount:			
<b>■</b> \$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		<u>Street Address:</u> Registration S	ection		
	Division of C	-		Division of Corporations The Centre of Tallahassee	
	.O. Box 632 allahassee, F			oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

PrimeTech BPO LLC

company has been notified in writing of this change.

2024 OCT 29 AM 8: 02

(Name of the Limited Liability Comp	any as it now appears on o	our records.)
(Name of the Limited Liability Comp (A Florida Limited	Ciaolity Company)	A Market Elong
The Articles of Organization for this Limited Liability Company		
Florida document number L23000421041		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designa	ation "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)	_	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ls, enter the name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Paris and Office Address		
New Registered Office Address:	Enter Florida street address	
	, Florida City Zip Code	
	Ciņ <sup>.</sup>	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag		
provisions of all statutes relative to the proper and complete		••
accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office		

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>	Address	Type of Action
AMBR	Kionne Johnson	741 Spring Palms Loop, Orlando, FL 32828	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
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	10.24/2024	
Effective date, if other than t	he date of filing:	(optional)  g or more than 90 days after filing.) Pursuant to 605.0207 (3
Note: If the date inserted in this	block does not meet the applicable statutory	y filing requirements, this date will not be listed as th
document's effective date on the	Department of State's records.	
he record specifies a delayed effect ord is filed.	tive date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
ord is flied.		
October 24	2024	
Dated	·	
Q_		
	Signature of a member or authorized represen	ototive of a mamber

THE D MARKE

Typed or printed name of signee