

L23000491142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

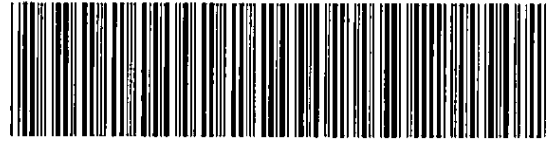
(Business Entity Name)

(Document Number)

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12/11/23
2023 DEC 11 PM 12:31
STATE
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PrimoMD, 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:

Anthony Schirripa

Name of Person

PrimoMD, LLC

Firm/Company

3040 N Wickham Rd, Suite 6

Address

Melbourne, FL 32935

City/State and Zip Code

admin@PrimoMD.com

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

For further information concerning this matter, please call:

Anthony Schirripa

321 226-8607
at (_____) _____
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
244 E. Madison St.
Tallahassee, FL 32301

2008 DEC 11 PM 12:31

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

PRIMOMD, 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 Oct. 27th, 2023 and assigned
Florida document number L23000491142.

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.L.C."

Enter new principal offices address, if applicable:

3040 N Wickham Rd, Suite 6

(Principal office address MUST BE A STREET ADDRESS)

Melbourne, FL 32935

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2023
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[Signature]

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

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 605.2207 (3)(b)

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

Dec. 1st, 2023

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Anthony Schirripa

(See ATTACHED Signing Authority of member)

Single Member

+ Founder of
Pacnomo, LLC

INITIAL RESOLUTIONS

I, Nat Smith, of Northwest Registered Agent LLC being the Organizer of PrimoMD, LLC, a Florida Limited Liability Company, hereby resolve to relinquish signing authority to the Member named below and adopt the following resolutions:

- I. **Resolved**, the named Member of the Limited Liability Company are hereby named:

Anthony Schirripa

- II. **Resolved**, that PrimoMD, LLC was organized on 10/27/23 in the State of Florida with assigned filing number L23000491142.

- III. **Resolved**, that the copy of the Articles of Organization of the above named Limited Liability Company is complete.

- IV. **Resolved**, that the general provisions of an operating agreement be adopted and included as official records of the Limited Liability Company. If the member chooses to adopt a more detailed operating agreement, then such agreement will take precedence over general provisions in the original operating agreement.

- V. **Resolved**, that the member has formed a limited liability company, and is entitled to the full extent of their limitation of liability pursuant to state law. Furthermore, the member's failure to maintain formalities of a limited liability company does not preclude them from liability protection under state law.

Nat Smith

Organizer

10/31/2023

Date