## L2400027419

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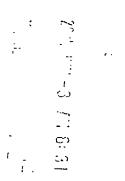
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## **COVER LETTER**

	egistration Sectivision of Corp					
SURJE <i>C</i> T	PRIME QU	ALITY INSURANCE COMP	ANY LLC			
SCHOLCI	•	Name of Limi	ited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please retu	ırn all correspo	ndence concerning this matter	to the following:			
		YENISET CABRERA				
			Name of Person			
		PRIME QUALITY INSUR	RANCE COMPANY LLC			
		•	Firm/Company			
		13780 SW 26 ST, SUITE	101			
			Address			
		MIAMI, FL, 33175				
			City/State and Zip Code	· ·		
		accounting.santos@santosm	nedical.com to be used for future annual report notifica	tion)		
For further	r information o	oncerning this matter, please of		,		
	CABRERA		786 202-7145			
	Name o	f Person	at () Area Code Daytime Te	elephone Number	<del></del>	
Enclosed i	s a check for th	ne following amount:				
<b>■</b> \$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional copy	f Status δ by	
F L	Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Section Division of Corpo The Centre of Tall	rations	;- ;-	2677, 277
	allahassee, I		2415 N. Monroe S Tallahassee, FL 32		<u>:</u>	3 77 8

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIME QUALITY INSURANCE COMPA	NY LLC	
( <u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appears on our record da Limited Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability	Company were filed on 01/12/2024	and assigned
Florida document number L24000027419	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADD	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here:		the name of the new registe
Name of New Registered Agent:		
Name Decistant Office Address		
New Registered Office Address:	Enter Florida street addres	SS
	Fi	orida
_ <del></del>	, FI	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>	Name	Address	Type of Action
MGR	ORQUIDEA S SANTOS	13780 SW 26 ST. MIAMI, FL. 33175	<b>=</b> Add
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ffective date, if other than an effective date is listed, the date	the date of fil	ling:	prior to date of 6	lling or more than	(option:	al)	(05.0005
Note: If the date inserted in this ocument's effective date on the	s diock does no	ot meet th <b>e</b> ap	priicable statut	ory filing requi	rements, this da	ite will not be	listed as
record specifies a delayed effe l is filed.	ctive date, but	not an effecti	ve time, at 12:	01 a.m. on the e	earlier of: (b)	The 90th day a	after the
ated MAY 30		2024					
	16	_ `	·				
	11 153	_					

Typed or printed name of signee