## 124000064824

(Requestor's Name)
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S. PRATHER

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

CUDIFCT.	PRIME VIEV	VINNOVATION LLC	
SUBJECT:	Name of Lim	ited Liability Company	<del>.</del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
		Leydis Domingo	
	<del>1 - 1 - 1</del>	Name of Person	
	Om	ega Accounting Solutions LLC	
		Firm/Company	
	54	55 SW 8TH ST. STE 200	
		Address	
	N	fiami, florida, 33134	
		City/State and Zip Code	
		joyceviteri@gmail.com	
	E-mail address: (	to be used for future annual report n	notification)
For further information c	oncerning this matter, please co	all:	
Leydis I	Domingo	786	2604318
Name o	f Person	at () Area Code Days	time Telephone Number
Enclosed is a check for the	ne 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 S	Section	Street Address: Registration S	Section
Division of C P.O. Box 632		Division of C The Centre o	•
Tallahassee, I			roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIME VIE	W INNOVATION LLC	~
(Name of the Limited Liabi	lity Company as it now appears on our reco da Limited Liability Company)	<u>rds.</u> ) 2024
The Articles of Organization for this Limited Liability	Company were filed on 02/05/2024	and assigned
Florida document number L24000064824		
This amendment is submitted to amend the following:		F. 6: 2
A. If amending name, enter the new name of the lin	nited liability company here:	5- 6: 23-
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
	······	•
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADD	<u> </u>	
		<del> </del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registere	ed office address on our records, ente	er the name of the new register
agent and/or the new registered office address here:	:	
Name of New Registered Agent:		
Nam Danistand Office Address		
New Registered Office Address:		
	Enter Florida street addr	ress
		ess Florida

## 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
AP	VITERI, JOYCE	4051 SW 126 AVE, MIRAMAR, FL 33027	□Add
			≣Remove
			□Change
			□Add
			□Remove
	<del></del>		□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			□Remove
			□Change

Effective date, if other than the date of filing:  I'an effective date is listed, the date must be specific and cannot be prior to a score:  If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.				
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record specifies a delayed effective date, but not an effective time I is filed.	, at 12:01 a.m. o	on the earlier of: (b	) The 90th day	after the
ated 11/07/2024 11:18 AM				
	•		<u> </u>	202
Abrina Floris Signature of a member or authoriz		of a member	•	2024 DEC
	·	ос и пошон		
NORMA FL Typed or printed (			<u> </u>	0

Filing Fee: \$25.00