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## **COVER LETTER**

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eun iret.		Capital LLC		
SUBJECT:	<u> </u>	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please retur	Prime Lend Capital LLC    Siddharth Sasidharan			
		Siddharth Sasidharan		
			Name of Person	
		Prime Lend Capital LLC		
			Firm/Company	
		1223 Ballard Green Place		
			Address	
		Brandon, FL - 33511		
		primelendcapital@gmail.co	•	
		E-mail address: (	(to be used for future annual report notification)	
For further	information c	oncerning this matter, please ca	all:	
Siddharth S	Sasidharan		1 3236528848 at ()	
	Name o	f Person	Area Code Daytime Telephone Number	_
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Certificate of Certified Co (additional copy)	of Status & py sis enclosed)
Re Di P.	ailing Addres egistration S ivision of C O. Box 632 allahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	20 CO

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prime Lend Capital 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  $\frac{04/17/2024}{1}$ and assigned Florida document number 1.24000181767 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 "LLC." 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 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 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
CEO	Deante Lee	11334 BRIDGE PINE DRIVE	□Add
		RIVERVIEW, FL 33569	■Remove
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			□Add
	•	<del></del>	□Remove
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fective date, if other than the date of filing: (optional)  n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs	uant to 605.0207 (3)(
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	not be listed as the
cument's effective date on the Department of State's records.	202 35
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t is filed.	
is filed.	<u>-</u>
ated April 24th 2024	<del></del> ,
ted	- :
Signature of a member or authorized representative of a member	: : · · · · · · · · · · · · · · · · · ·
→ ) \( \lambda \)	