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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

**Division of Corporations** PRIME PINNACLE PRODUCTS LLC SUBJECT: 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: Andre Samms Name of Person PRIME PINNACLE PRODUCTS LLC Firm/Company 4920 NW 15TH CT LAUDERHILL FL 33313 Address City/State and Zip Code INFO@PRIME-PINNACLEPRO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Andre Samms 9714141 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### PRIME PINNACLE PRODUCTS 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  $\underline{\phantom{0}^{06-03-2024}}$ and assigned Florida document number \_\_\_\_L24000251247 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 9420 NW 15th CT LAUDERHILL, FL 33313 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street uddress \_, Florida \_ City

### 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>	Address	Type of Action
AMBR	BRITTINA SAMMS	580 SW 64th AVE NORTH LAUDERDALE,FL 3306	□Add
			Remove
			□Change
SUPV	SHAWNA-KAY K BYFIELD	580 SW 64th AVE NORTH LAUDERDALE,FL 3306	□Add
			BRemove
			□Change
MGR	ANDRETSAMMS	4920 NW 15Th Ct LANderHI	<u>/_</u>
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Filing Fee: \$25.00