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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613 083 IDA <u>.</u> Entergthe email address for this business entity to be used for future annual report mailings. Enter only one email address please.** 2 EFILE1234@INCFILE.COM Email Address:_ <u>с</u>ј ز ان LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRISCO VENTURES LLC ٦ſ Certificate of Status 0

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COVER LETTER

(((H24000308162 3)))

TO: Registration Section Division of Corporations

PRISCO VENTURES 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:

LOVETTE DOBSON

Name of Person

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE 1234@INCFILE.COM

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

Area Code

For further information concerning this matter, please call:

LOVETTE DOBSON

Name of Person

Enclosed is a check for the following amount:

🗑 \$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy radditional copy is enclosed)

888-462-3453

Davtime Telephone Number

 \$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 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 .

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRISCO VEN	TURES LEC	2 1
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	iny as it now appears on ou Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000374749</u> .	were filed on <u>08/26/20</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Lunited Liabi	fity Company," the designat	ion "LIC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1150 Nw 72nd Ave Te	wer 1 Ste 455 #17914
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33126	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1150 Nw 72nd Ave Te Miami, FL 33126	ower 1 Sto 455 #17911
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	aduress on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		, Florida
	Cuy	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

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 If amending Authorized Person(s) authorized to manage. enter the title, name, and address of each person being added or removed from our records:
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 MGR = Manager
 AMBR = Authorized Member
 (((H24000308162 3)))

 Title
 Name
 Address
 Type of Action

 AMBR
 FRANCISCO OLIVARES
 1150 Nw 72nd Ave Tower 1 Ste 455 #17911
 OAdd

 Miami, FL 33126
 ORemove
 ORemove

		Miami, FL 33126	🗆 Remove
			☐ Change
AMBR	PRISCILLA ALMONTE	1150 Nw 72nd Ave Tower 1 Ste 455 #17911	🖸 Add
		Mianu, FL 33126	🗇 Remove
			🗆 🗆 Add
			Remove
			□Remove □ □ □ □ Change
			□Add
			□ □Remove
			[] Change
<u>.</u>			EIAdd
			DRemove
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(((H24000308162 3))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If an effective <u>Note:</u> If th	late, if other than the date of fil e date is listed, the date must be specific a le date inserted in this block does no s effective date on the Department o	and cannot be prior to date of at meet the applicable statu	filing or more than 90 days aft	tional) er filing.) Pursuant to 605.0203 his date will not be listed as
e record spi rd is filed.	ecifies a delayed effective date, but r	oot an effective time, at 12	:01 a.m. on the carlier of: ((b) The 90th day after the
Dated	September, 10th			
	Signature of	a member or authorized repr	esentative of a member	
		Francisco Olivare		
		Typed or printed name o	l signee	
			((()	H24000308162

Filing Fee: \$25.00