(Red	juestor's Name)	
(Add	lress)	<del> </del>
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(City	//State/Zip/Phone	÷#)
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## **COVER LETTER**

TO: Amendment Section ' Division of Corporations

NAME OF CORPO	RATION:	PRIME FACTORING C	ORP
DOCUMENT NUMI	1BER:P07000035751		
The enclosed Articles	of Amendment and fee a	are submitted for filing.	
Please return all corre	spondence concerning th	is matter to the following:	
	F	FABIO MOBLICCI	0.00.00.00
	,	Name of Contact Person	
	PRIM	E FACTORING CORP	
		Firm/ Company	
	1325 NW 98th CT - SUITE 13		<u></u>
		Address	
		OORAL, FL 33172	
	C	City/ State and Zip Code	
<del></del> .	FABIO@PRIMI E-mail address: (to be use	ELOGSOLUTIONS.COM and for future annual report notification)	· <del></del>
For further information	n concerning this matter,	please call:	
FABIO	O MOBLICCI	u. ,	326-7067
Name of (	Contact Person	Area Code & Daytime To	elephone Number
Enclosed is a check fo	r the following amount n	nade payable to the Florida Depa	rtment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	ele

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation** of

# PRIME FACTORING CORP

## (Name of Corporation as currently filed with the Florida Dept. of State)

·	000035751	
(Document Num	iber of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this F	orida Profit Corporation adopts the foll
A. If amending name, enter the new name of	the corporation:	
PRIME LOG	SOLUTIONS CORP	The new
name must be distinguishable and contain t abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc	," or "Co". A professional corporation
B. Enter new principal office address, if appl	licable:	
(Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		
D. If amending the registered agent and/or renew registered agent and/or the new regis		Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street a	ddress)
		, Florida
•	(City)	(Zip Code)
New Registered Agent's Signature, if changin	a Registered Agent	
I hereby accept the appointment as registered as		nd accept the obligations of the position.
	gnature of New Registered	Agent, if changing

	and title, name, and address of eac ditional sheets, if necessary)	ch Officer and/or Director being	g added:
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Remove
			☐ Add
			<del></del>
E. <u>If amer</u>	nding or adding additional Article	s, enter change(s) here:	
(allach d	additional sheets, if necessary). (I	3e specific) 	
<del> ·</del>		<u></u>	
			<del></del>
42.			
F. Ifana	mendment provides for an exchai	nge, reclassification, or cancella	ition of issued shares.
provis	ions for implementing the amendi	nent if not contained in the am	
(1)	not applicable, indicate N/A)		
<del></del> -			
<del> </del>			
<del></del>			

The date of each amendmen	t(s) adoption: <u>08/</u>	/01/2011
Effective date if applicable:		(date of adoption is required)
	(no more than 90	days after amendment file date)
Adoption of Amendment(s)	(СН	ECK ONE)
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s) pproval.
		e shareholders through voting groups. The following statemer group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amend	ment(s) was/were sufficient for approval
by	(voting group)	
action was not required.		poard of directors without shareholder action and shareholder action and shareholder action and shareholder
sele	a director, preside	ent or other/officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court of that fiduciary)
	4 <del></del>	FABIO MOBLICCI
	(Туре	ed or printed name of person signing)
		DIRECTOR
	(Title of	person signing)