## P21000002119

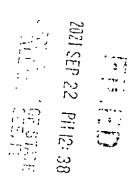
(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Na	me)
(Docu	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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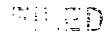
A. Butter

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: PRIME LIGHTNE	NG VENTURES INC.	3838381 <u></u>
	BER: P21000002119		<del>-</del>
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JEAN FESTA		
		Name of Contact Person	11
	PRIME LIGHTNING VENT	URES INC.	
	<del></del>	Firm/ Company	
	8440 TRADEPORT DRIVE.	• •	
		Address	
	ORLANDO, FL 32827		
	-	City/ State and Zip Cod	e
	FIONA@PRIMELIGHTNIN	G COM	
		sed for future annual report	notification)
For further information	on concerning this matter, pleas		230-4993
	of Contact Person	at (321	)de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am	iling Address endment Section ision of Corporations	Amend	Address Iment Section on of Corporations
	Box 6327	The C	entre of Tallahassee
Tal	lahassee, FL 32314		N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of



		2021 SEP 22 PH 12: 38
(Name of	Corporation as curre	ently filed with the Florida Dept. of State)
P21000002119		FROM DESCRIPTION OF STATE
	(Document Numbe	er of Corporation (if known)
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, th	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	<u>:</u>
N/A		The new
	orp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, in (Principal office address MUST BE A ST		N/A
	_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
	registered office addr	
D. If amending the registered agent and new registered agent and/or the new	<u>registered office addr</u> N/A	
new registered agent and/or the new		
new registered agent and/or the new	N/A	ı street address)
new registered agent and/or the new  Name of New Registered Agent	N/A	

Check if applicable

 $\square$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	$\overline{\text{b.l.}}$	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>enes</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D		FIONA FESTA	9767 PECAN HICKORY WAY
X Add				ORLANDO, FL 32832
Remove				
2) Change	<del></del>	_		
Add			·	
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Romovo				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
<del></del>	<del></del>	
		-
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	·	
<del></del>		<del>-</del> -
·	•	
	the Control of the Co	
provisions for implementing the amo	ange, reclassification, or cancellation of issued share adment if not contained in the amendment itself:	<u>,</u>
(if not applicable, indicate N/A)		
		<del></del>
	· · · · · · · · · · · · · · · · · · ·	

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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendafficient for approval.	dment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(s	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
09/15/202 Dated		
Signature	The fire feb	
selecte	irector, president or other officer – if directors or officers have not d, by an incorporator – if in the hands of a receiver, trustee, or oth ted fiduciary by that fiduciary)	
	JEAN FESTA	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	<del></del>