209000096946

(Re	questor's Name)	·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Sec Division of Corp		. 	1
cunt	8779 Via Pro	estigio LLC	·•	
SOBI	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Allen Rosen		
			Name of Person	
			Firm/Company	
		65 Roosevelt Blvd.		
			Address	
		North Caldwell, NJ 07006		
		adrmd1@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information co	ncerning this matter, please ca	all:	
David	l Patton		800 375-2453	
	Name of	Person		Telephone Number
Enclos	sed is a check for the	following amount:		
2 \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2027 11 211 12: 53

8779 Via Prestigio LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	10/07/2000	
The Articles of Organization for this Limited Liability	Company were filed on 10/07/2009	and assigned
lorida document number L09000096946	 .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	istered office address on our records	enter the name of the
egistered agent and/or the new registered office ad-		, cancer the mante of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	5
	, Fig	orida
	City	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

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
MGRM	Rosen Family Trust	65 Roosevelt Road	
		North Caldwell, NJ 07006	
			Remove
			Change
AMBR Rosen Family Partner Management, LLC	Rosen Family Partners Asset Management, LLC	200 W, 34th Ave. #977	Add
		Anchorage, AK 99503	Remove
			Change
			Remove
			☐ Change
		Remove	
			Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
			□ Change

	of the LLC business pro-rata or non-pro-rata as they deem advisable. If the members make
	non-pro-rata distributions, those shall be taken into account in re-calculating each member's
	capital account (and/or drawing account) at the end of the LLC's fiscal year.
If an ci Note:	tive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docur	nent's effective date on the Department of State's records.
he re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	My 5. 2020.
	alle toe

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00