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COVER LETTER

TO: Registratio Division of	n Section Corporations	•	
SUBJECT:	Prestige Pro	perty Cleaning LLC	
		ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	espondence concerning this matte	r to the following:	
		William Jerome Cox	
		Name of Person	
	Presti	ge Property Cleaning LLC	
		Firm/Company	
		46 Pine Ridge Trace	
		Address	
		Destin, FL 32451	
		City/State and Zip Code	
	prestigep	ropertycleaning@yahoo.com to be used for future annual report notificat	tion)
For further information	on concerning this matter, please of	-	ion)
Wi	lliam Jerome Cox	at (850) 33	33-0449
Nan	ne of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	or the following amount:		
\$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 SECRETARY OF STATE OF

Pro	etige Propert	y Cleaning LL0	10 DEC 13 AM	ll: 52
(Name of the Limite	d Liability Compa A Florida Limited I	y Cleaning LLC ny as it now appears Liability Company)	,	
The Articles of Organization for this Limited E	Liability Company	;	09/09/2006	and assigned
This amendment is submitted to amend the following	lowing:	•		
A. If amending name, enter the new name	of the limited liab	ility company here:		
Pr	estige Property	Cleaning LLC		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Company	," the designation "I	LLC" or the abbreviatio
Enter new principal offices address, if appli	cable:	46 Pine Ridge	Trace	
(Principal office address MUST BE A STRE	Principal office address MUST BE A STREET ADDRESS)		51	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	S BOX)			
B. If amending the registered agent and registered agent and/or the new registered of	or registered of	fice address on our g:	records, enter t	he name of the nev
Name of New Registered Agent:	William Jero	me Cox		
New Registered Office Address:	46 Pine Rid	ge Trace		
		Enter	Florida street add	ress
		Destin	, Florida	32451
		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	James A Brooks	31 Bayou Breeze Court Santa Rosa Beach, Florida 32459 US	Add ✓ Remove
MGRM	Jan M Brooks	31 Bayou Breeze Court Santa Rosa Beach, Florida 32459 US	☐ Add ✓ Remove
MGRM	William Jerome Cox	46 Pine Ridge Trace Destin, FL 32451 US	Add Remove
			Add Remove
<u> </u>			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	SECRE DIVISION 10 DEC
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•			- 55 ANTON
Dated	December 9 , 20	10	
		of authorized representative of a member	
	/ Ja	or printed name of signee	
		Da == 2 -62	

Page 2 of 2

Filing Fee: \$25.00