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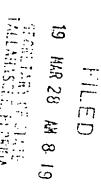
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	gistration Section ision of Corporations	
SUBJECT	Prestige Title of Brevard LLC Name of Limited Liability Company	
The enclose	d Articles of Amendment and fee(s) are submitted for filing.	
Please retu	all correspondence concerning this matter to the following:	
	Tiffany Fortenberry	
	Prestage Title of Brevard LLC	
	5120 N Highway US 1 Suite 103	
	Palm Shores FL 32940 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further	nformation concerning this matter, please call:	
	Frank For tender at (321) 242-7140 Name of Person Area Code Daytime Telephone Number	
Enclosed is	a check for the following amount:	
\$25.00	Filing Fee Solution Status Sol	

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

Prestige Title	of Brev	and LLC
(Name of the Limited Liability Comp (A Florida Limited	any as it now apper Liability Company)	ears on our records.)
The Articles of Organization for this Limited Liability Company Florida document numberL0100033454	y were filed on _	February 8,2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company l	here:
		7. 7. 6
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		28 上
(Principal office address MUST BE A STREET ADDRESS)		
Trincipal Office datareas (NOST DE TION NODE TABLES)		Fig. 8
		10
Enter new mailing address, if applicable:		<i>y</i>
•		
(Mailing address MAY BE A POST OFFICE BOX)	 	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		on our records, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	lorida street address
		, Florida
-	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Tiffany Fortenberry	3953 Turtle Mound Rd	
		Melbourne FL 32934	Remove
			Change
MGRM	Shawn Fortenberry	3953 Turtle Maind Rd	Add
		Melbourne FL 32934	Remove
		-	Change
			🗆 Add
			Remove
			Change Add 28 Remove
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ffective date, if other that an effective date is listed, the date. If the date inserted in the date inserted in the date on the date on the date.	te must be specific a his block does no	and cannot be prior t meet the applic	able statutory filin		tiling.) Pursuant to	
e record specifies a del The 90th day after the	ayed effective record is file	e date, but no d.	t an effective t	ime, at 12:01 a	a.m. on the ea	arlier of:
ated <u>March</u>	35 HALO Signature/of	2019	orized representative	of a member		-
			tenbenn- ed name of signer			

Page 3 of 3

Filing Fee: \$25.00