DD011228

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

L. SELLERS

MAR - 3 2009

EXAMINER

Office Use Only



300144366503

03/02/09--01021--009 **55.00

COVER LETTER

Division of Corp	oorations					
SUBJECT: Prestige Financial Solutions, LLC						
(Name of Limited Liability Company)						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	Elizabeth Acosta					
(Name of Person)						
	(Firm/Company)					
14117 Oasis Cove Blvd, Suite 302						
(Address)						
	Windermere, FL 34786					
		(City/State and Zip Code)				
For further information concerning this matter, please call:						
1 of future information concerning this matter, please can.						
Elizabeth Acosta		at (407) 230-6598				
(Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for 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)			

TO:

Registration Section

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 Financial Solutions, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on November 5, 2007 and assigned Florida document number L07000112287 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Prestige Management Alliance, LLC The new name must be distinguishable and end with the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Elizabeth Acosta Name of New Registered Agent: 14117 Oasis Cove Blvd, Suite 302 New Registered Office Address: (Enter Florida street address) Windermere 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>	<u>Name</u>	Address	Type of Action
MGRM	Burgos, Felipe	2520 SW 22nd St, Ste 2-014 Miami. FL 33145	Add Remove
MGRM_	Burgos-Rivera, Felipe	7625 27th St W, Ste B-14 University Place, WA 98466	Add Remove
			Add Remove
			Add Remove
			Add Remove
	-		Add Remove
D. If amen	ding any other information, enter o	change(s) here: (Attach additional sheets, if neces.	sary.)
-			
Dated Febr	uary 24	2009	
	Eliza	nember or atheorized representative of a member	HAR T
	Elizabeth Acosta		<i>O</i> 1 10 1
		Typed or printed name of signee	
		Page 2 of 2	8: 58
		Filing Fee: \$25.00	<u></u>