L07000125086

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EXAMINER



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SECRETARY OF STATE
TALL AHASSEF, FLORIDA

COVER LETTER

Tallahassee, FL 32314

TO:	Registra Division										
SUBJI	ECT:		Prestige Ad	vertisement, LLC.							
	Name of Limited Liability Company										
The en	closed Artic	cles of Ar	nendment and fee(s) are sul	omitted for filing.							
Please	Please return all correspondence concerning this matter to the following:										
				Pierre L. Africot-remy							
Name of Person				Name of Person							
Firm/Company											
			Port	St Lucie, FL 34985-7638							
			FOIL	City/State and Zip Code							
			pierre E-mail address: (@contemporaryyouth.org	ification)						
For fu	ther inform	ation con	cerning this matter, please of	eall:							
			Africot-Remy	at (_772)	801-4982						
	Ţ	Name of P	erson	Area Code & Dayti	me Telephone Number						
Enclos	ed is a chec	k for the	following amount:								
\$25	5,00 Filing I	Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)						
MAILING ADDRESS: Registration Section		STREET/COUR Registration Sect	RIER ADDRESS:								
Division of Corporations P.O. Box 6327			of Corporations	Division of Corporations Clifton Building							

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRES	TIGE ADVER	RTISEMENT,	LLC.		
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appear Liability Company)	rs on our records.)		
The Articles of Organization for this Limited	Liability Company	were filed on	5/19/2010	and assigned	
Florida document number L0700012	25086				
This amendment is submitted to amend the following	llowing:				
A. If amending name, enter the new name	of the limited liab	ility company her	<u>.</u> e:		
PRESTIGE ADVER	TISEMENT MU	ILTI AND TAX	SERVICES, LLC		
The new name must be distinguishable and end w "L.L.C."	rith the words "Lim	ited Liability Compa	nny," the designation "	'LLC" or the abbreviation	
Enter new principal offices address, if appli	icable:	N/A		6 6	
(Principal office address MUST BE A STRE	ET ADDRESS)	N/A			
		N/A		A I	
Enter new mailing address, if applicable:		P.O. BOX 76	38	S P I	
(Mailing address MAY BE A POST OFFICE	E BOX)	PORT ST LUCIE, FL 34986-2538			
		N/A	حر ن	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	_		our records, <u>enter</u>	the name of the new	
	- 	Enter Florida street address			
		N/A	, Florida	N/A	
	<u> </u>	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 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
MGR	Pierre L. Africot-Remy	1503 SE PINEWOOD TRAIL PORT ST LUCIF, FL 34952	Add Remove
N/A	N/A	N/A N/A N/A	Add Remove
N/A	N/A	N/A N/A N/A	Add Remove
N/A	N/A	N/A N/A N/A	Add Remove
N/A	N/A	N/A N/A N/A	Add Remove
N/A	N/A	N/A N/A N/A	Add Remove
D. If a	mending any other information, ente	r change(s) here: (Attach additional sheets, if necessary.)
	N/A		
	N/A		,
	N/A		
	N/A		
Dated _	September 28	2010	
		7414Reny	
	Signature of a	meraber of a utiliorized representative of a member Pierre Africot-Remy	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00