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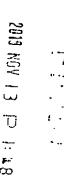
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PRESTIGE Advertisement Multi AND TAX SERVICES, 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:	
JEAN BORY POERRE	
Presting Advortisement Multig TAX SERVICES LL	<
1006 Jamaica AVE	
Fort Poerce FL 34 982 City/State and Zlp Code	
E-mail address: (to be used for there annual report notification)	
For further information concerning this matter, please call:	
Jean Bony Parre at (772) - 979-2378  Name of Person at (772) Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee. \$\Bigcup \$	

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

PRESTICKE Advertisement Multie TAX Services UCC (Natile of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia		were filed on $\underline{\hspace{1cm}}$	2 • 18 • 200:	🚣 and assigned
Florida document number	25086			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here	:	
N/A				
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the desig	mation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applica	ble:	N/A		
(Principal office address MUST BE A STREET	(ADDRESS)	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE B	<u>80X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered off  Name of New Registered Agent:	~		ur records, <u>enter</u>	the name of the new
New Registered Office Address:	N/A			
		Enter Florida	street address	
		City	Florida	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:	•		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this c	l agent and agre r and complete tered agent as p egistered office	performance of my rovided for in Cha	oduties, and Lam foupter 605, F.S. Or,	anthur with and if this document is
		N/A		<u>eo</u>
	If Chan	ging Registered Agent	, Signature of New Res	zistered 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>	Name	Address	Type of Action
MGR	Thalia L Micah	350 12th Rd # 107	□ Add
		350 12th Rd # 107 Vero Beach, Fl 32960	_ <b>X</b> Remove
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			□ Add
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Page 3 of 3

Filing Fee: \$25.00