<u>L08000078363</u>

(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:
had a check made out
had a check made out DBPR. & a form
form for them
•
<u> </u>

Office Use Only



900160190459

11/04/09--01004--007 **30.00



D. BRUCE

NOV 4 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Prestwick Properties 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:
JOY GLANZER Name of Person
PRESTIMUL PROPERTIES LLC Firm/Company
25527 W. Newbern Rd. /POBOX 515
Newberry FL 32669 City/State and Zip Code Joyglanzer @ cox. net
Joyglanzer @ Cox. Let E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joy Glanzer Name of Person at (353 le le 5-353 y Francisco Real Code & Daytime Telephone Number Range Rang
Enclosed is a check for the following amount:
\$25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & S60.00 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 16, 2009

JOY GLANZER 2ND ML PO BOX 515 NEWBERRY, FL 32669

SUBJECT: PRESTWICK PROPERTIES LLC

Ref. Number: L08000078363

09 NOV -3 PH E: 34
SECRETARY OF STATE

We have received your document for PRESTWICK PROPERTIES LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 609A00032575

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prestuic	x Proper	ties	LLC		
(Name of the Limited Liabilit	y Company as it now app Limited Liability Compan	oears on our y)	records.)		
The Articles of Organization for this Limited Liability of Florida document number <u>LO 80007836</u>		8/14	12008	_ and assign	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability company	here:			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Cor	npany," the	designation "LLo	C" A the abby	eviation
Enter new principal offices address, if applicable:				8 5 E	
(Principal office address MUST BE A STREET ADD	RESS)			SE Y	三
				무 글	
				STA STA	O
Enter new mailing address, if applicable:				₹ %	
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office add		n our reco	ords, <u>enter the</u>	name of th	ne new
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
			, Florida		
	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 **Type of Action** Title Name **Address** Janis English ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 Dated ___ Signature of a member or authorized representative of a member JOY GLANZER
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00