LOSODOSCIAS

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

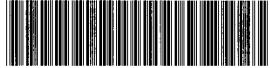
Special Instructions to Filing Officer:

L. SELLERS

APR 2 3 2009

EXAMINER

Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJI	ECT:	Lambert L	ane LLC	
	•	(Name of Limi	ted Liability Company)	
The en	closed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	dence concerning this matter t	to the following:	
		David	Dyer	
			(Name of Person)	
		Lamber	(Firm/Company)	
		612 S. Coc	hran Ave # 312)
		Los Angel	City/State and Zip Code)	
For fur	ther information co	ncerning this matter, please ca	sil:	
	David D	erson)	at (386) 215 - 1722 (Area Code & Daytime T	(Selephone Number)
	(Mano or	· Classify	(vica coas a paytime i	oreprode realisory
Enclos	ed is a check for the	following amount:		
\$25	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□\$60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liability Company)	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number	were filed on <u>\$\frac{21}{0}\$</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil Prestigious Property Nanageme The new name must be distinguishable and end with the words "Limite" L.L.C."	ent of Realty LIC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	509 S. Chickasaw Trail #261 Orlando, FL 32825
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	612 S. Cochran Ave #312 Los Angeles, CA 90036
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
Name of New Registered Agent:	TALS 09
New Registered Office Address:	(Enter Florida street address) 2
	(City) Florida
New Registered Agent's Signature, if changing Registered Agent:	<u>≅</u> ≥ <u>ω</u>

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 Manage or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member					
Title .	<u>Name</u>	Address	Type of Action		
MGR	David Oyer	612 S. Cochran Ave = Los Angeles CA 900	312		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necess	sary.)		
	61 11 /00		FILED 09 APR 20 AM 8 SECRETARY OF'S TALLAHASSEE FLE		
Dated	Signature of a mem	aber or authorized representative of a member	E FLORIDA		
	David	ped of printed name of signee	· 		
	1 y	hea of bilinea name of signee			

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