

L09000013715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

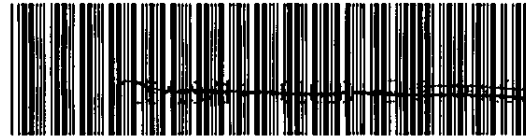
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 MAY 19 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prestige Consulting 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:

Jason Rodriguez

Name of Person

Prestige Consulting Solutions LLC

Firm/Company

509 S Chickasaw Trail

Address

Orlando FL 32825

City/State and Zip Code

jrodprestige@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Rodriguez

Name of Person

at 407 373-3800

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)

MAILING ADDRESS:

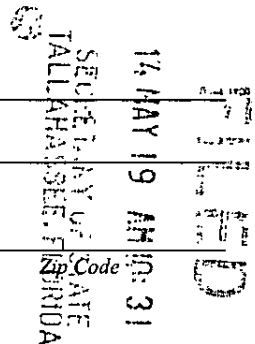
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Prestige Consulting Solutions LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jason Rodriguez	509 S Chickasaw Trail #249	<input type="checkbox"/> Add
		Orlando FL 32825	<input checked="" type="checkbox"/> Remove
MGR	Analy Rodriguez	5500 Florence Harbor Dr	<input checked="" type="checkbox"/> Add
		Orlando FL 32829	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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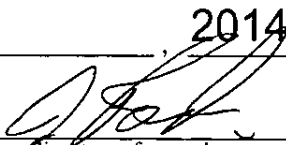
SECRETARY OF STATE
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MAY 19 AM 11:31
14

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 14, 2014



Signature of a member or authorized representative of a member

Jason Rodriguez

Typed or printed name of signee

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Filing Fee: \$25.00

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