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R. HUNT 03/02/23

COVER LETTER

TO: Registration S Division of Co				
	E CONSULTING SOLUTIONS	SLLC		
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	JASON RODRIGUEZ			
		Name of Person		
	PRESTIGE AUDIO SOLU	UTIONS LLC		
	/537 /587 ALLIGATOR ST	Firm/Company		
		Address	2023 KAS	
	SAINT CLOUD, FL 3477	FL 34771		
City/State and Zip Code JRODPRESTIGE@YAHOO.COM				
	E-mail address: ((to be used for future annual report notification)	PH 1:49	(,) 5 8 4344 6 1
For further information	concerning this matter, please c	all:	317.1 51:1	-193
JASON RODRIGUEZ		407 373-3800 at ()	., _	
Name	of Person	Area Code Daytime Telephone	Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Control (additional copy is enclosed) Control C	0.00 Filing Fee, ertificate of Status ertified Copy dditional copy is enclose	
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

02/10/20		
were filed on $\frac{02/10/20}{1}$	009	_ and assigne
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	ility Company," the designs	N/A N/A N/A

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 605, 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 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

Title	Name	Address	Type of Action
		N/A	
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01/01/2023					
fective date, if other than the date of filing:	to date of filing o	r more than 90 day	(optional) 's after filing.) P	ursuant i	to 605.02
ote: If the date inserted in this block does not meet the applica current's effective date on the Department of State's records.	able statutory fi	ling requiremen	ts, this date wi	ill not b	e listed
ecord specifies a delayed effective date, but not an effective tir	ime, at 12:01 a.:	n. on the earlier	of: (b) The 9	90th day	y after th
ted FEBRUARY 27 , 2023	<u></u> .				
Signature of a member or autho	orized representa	ive of a member			_