

<u>;</u>	Requestor's Name)	
(17	requestors Name)	
•		
(A	Address)	
(A	(ddress)	
(C	City/State/Zip/Phone	e #)
	-	
☐ PICK-UP	WAIT	MAIL
<u>.</u>	Business Entity Nar	ne)
•	•	,
(L	ocument Number)	
Certified Copies	Certificates	of Status
<u> </u>		
Special Instructions to	o Filing Officer:	

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SECRETARY OF STATE ONVISION OF CORPORATIONS

N. Compan JAN 13 2011



TO:

Registration Section

COVER LETTER

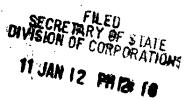
DIVISION OF CO	orporations		
SUBJECT:	PRESTIGE ASS	ET MANAGEMENT LLO	
	Name of Lim	sited Liability Company	
			•
man i danid	A A A	h 1 6 . dill	
The enclosed Articles o	f Amendment and foo(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matte	r to the following:	
		DAVID FRAND	
		Name of Person	
	ADI	MD CONSULTANTS LLC	
	AN	Firm/Company	
		.• •	
	10	1982 NW 70TH COURT	
		Address	
		PARKLAND, FL 33076	
		City/State and Zip Code	
	ARMDO	CONSULTANTS@AOL.COM	•
	E-mail address:	to be used for future annual report notific	ention)
For further information	concerning this matter, please	call:	
	AVID FRAND		255-8344
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	\$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 Taliahassee, 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 as it now appears Florida Limited Liability Company)	oa our records.)	
The Articles of Organization for this Limited L Florida document numberL1100000		NUARY 7, 201	1 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, <u>enter the new name o</u>	the limited liability company here	:	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Compan	y," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	TADDRESSI		
Enter new mailing address, if applicable:			
(Malling address MAY BE A POST OFFICE	<u></u>	. Market Market The .	
B. If amending the registered agent and/ registered agent and/or the new registered of		ir records, enter (the name of the new
Name of New Registered Agent:	ARMD CONSULTANTS LLC	<u> </u>	
New Registered Office Address:	10982 NW 70TH COURT		
	Ente	r Florida street ada	lress .
	PARKLAND	, Florida	33076
	City		Zip Code

New Resistered Agent's Signature, if changing Resistered 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, Stranture of New Resistered Agent

Page 1 of 2

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:

	Name	Address	Type of Actio
			Add
			Remove
			Add
			Remove
			C Demone
_			Add
			DAdd
			Remove
			Add
			<u> </u>
•	ling any other information, enter	change(s) here: (Attach additional sheets, if n	ecessary.)
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Page 2 of 2

Filing Fee: \$25.00