

L11000003192

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN -5 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRESTIGE ASSET MANAGEMENT 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:

DAVID FRAND

Name of Person

Firm/Company

10982 NW 70TH COURT

Address

PARKLAND, FL 33076-3813

City/State and Zip Code

ARMDCONSULTANTS@AOL.COM

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DAVID FRAND

Name of Person

at (954)

344-4665

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PRESTIGE ASSET MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 7, 2011 and assigned
Florida document number L11000003192.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10982 NW 70TH COURT
PARKLAND, FL 33076-3813

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DAVID FRAND

New Registered Office Address:

10982 NW 70TH COURT

Enter Florida street address

PARKLAND, FL 33076-3813, Florida 33076-3813
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 606, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DAVID FRAND	10982 NW 70TH COURT PARKLAND, FL 33076-3813	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BUCKINGHAM CAPITAL	5485 MOUNT VERNON PKWY ATLANTA, GA 30327	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ARMD CONSULTANTS LLC	10982 NW 70TH COURT PARKLAND, FL 33076-3813	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____,

Signature of a member or authorized representative of a member

DAVID FRAND

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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