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COVER LETTER

TO:	Registration S Division of Co			
CIID IE4		ENEFITS GROUP LLC		
SUBJE	L1:	Name of Lim	ited Liability Company	
The encl	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		KATE N NGUYEN		
			Name of Person	······································
			Firm/Company	
		503 MOORE AVE		
			Address	
		SEFFNER, FL 33584		
			City/State and Zip Code	
		KATEINGUYEN@GMAII		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	ner information	concerning this matter, please ca	all:	
KATE N	N NGUYEN		813 313-7893 at ()	
	Name	of Person	at ()	Telephone Number
Enclosed	d 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

TRAN BENEFITS GROUP LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our recor- nited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on 02/06/2012	and assigned
Florida document number L12000018304		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
PRESTIGE GROUP OF TAMPA BAY LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDRES	<u> </u>	整位
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Enter new mailing address, if applicable:		10000000000000000000000000000000000000
Mailing address MAY BE A POST OFFICE BOX)		
		200
		ella ella
3. If amending the registered agent and/or registere registered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	SS
	, FI	lorida
	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 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

$\mathbf{AMBR} = \mathbf{A}$	Authorized _. Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
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ective date, if other than the date	e of filing:(optional) specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this block d	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 does not meet the applicable statutory filing requirements, this date will not be listed
cument's effective date on the Departs	ment of State's records.
	fective date, but not an effective time, at 12:01 a.m. on the earlier
he 90th day after the record	is filed.
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ted Nay Signa	ature of a member or authorized representative of a member

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Filing Fee: \$25.00