L12000094542

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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FEB 23 2015 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor		•		
Prestige SUBJECT:	Fundraisers, LLC			
3000C1.	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub ondence concerning this matter	_		
	Tracy Stein - Manag	ging Member		
	<u> </u>	Name of Person		
	Prestige Manageme	ent Group, LLC		
		Firm/Company		
	3208 East Colonial I	Drive #283		
		Address		三点 济
	Orlando, FL, 32803			TA B I
	tstein1964@aol.com	City/State and Zip Code		5 5
	_	to be used for future annual report	notification)	
For further information of	concerning this matter, please c	all:		河 古
Tracy Stein		407 616-88	59	,,, G1
Name o	of Person		time Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &

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 Fundraisers, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L12000094542	were filed on july 23, 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20 North Division Avenue	٨
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL, 32801	G G
		ाः स
Enter new mailing address, if applicable:		5 5 m
(Mailing address MAY BE A POST OFFICE BOX)		47
		<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<u></u>	, Florid	
	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 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>	Address	Type of Action
AMBR	Adams Capital Infusion, LL	3208 East Colonial Drive #283	■ Add
		Orlando, FL, 32803	□ Remove
AMBR	Maverick Investments Grovρ, μις	3208 East Colonial Drive #283	■ Add
		Orlando, FL, 32803	□ Remove
AMBR	Prestige Management Groupuc	3208 East Colonial Drive #283	Add
		Orlando, FL, 32803	■-Remove
			= = = = = = = = = = = = = = = = = = =
AMBR Legacy Ma	Legacy Management, Inc.	1275 Blessings Street	□ Add
		Maitland, FL, 32751	■ Remove
			Add
			☐ Remove
			Remove

ii amen	ding any other information, enter change(s) here: (Attach adaitional sheets, if necessary.)
(The effecti	e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Dated _	· · · · · · · · · · · · · · · · · · ·
	Cour los Anavegores Preuse Signature of a member or authorized representative of a member
	Tracy Stein - Managing Member for Maverick Investments Group, LLC
	Typed or printed name of signer

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Filing Fee: \$25.00