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K.SALY EXAMINER MAR 14

COVER LETTER

Division of Corpo	orations			
SUBJECT:	FL PRESTI	GE SERVICES LLC		
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
		SVATAVA JURINOVA		
		Name of Person		
FL PRESTIGE SERVICES LLC				
	Firm/Company			
	121 GINGER ROAD			
	Address			
		VENICE, FL 34293		
		City/State and Zip Code		
		IGESERVICES@GMAIL.COM		
	E-mail address: (to be used for future annual report notifica	ation)	
For further information cor	acerning this matter, please ca	all:		
SVATAVA JURINOVA		941 493 9498 at ()		
Name of I	Name of Person Area Code Daytime Telephone No		elephone 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:

TO:

Registration Section

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

2016 MAR 11 PM 2: 04
TALLAHASSEF FLORIDA

FL PRESTIGE SERVICES LLC

Same of the Limited Liability Company as it now appears on the company appears of the company appears o

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our r ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp Florida document numberL12000130145	any were filed on10/12/2012	and assigned
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 contain the words "Limited I	iability 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:	P.O. BOX 595	
(Mailing address MAY BE A POST OFFICE BOX)	OSPREY	
	FL, 34229	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		cords, enter the name of the new
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and	agree to act in this capacity	. I further agree to comply with the

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

or removed for MGR = Ma	rom our records: nnager	g 7	ie, name, and address of each person being add
AMBR = Au	thorized Member		LUIGHAR II DU -
<u>Title</u>	<u>Name</u>	Address	20/6 MAR / Ph 2: Prope of Action (A) L AHASSEE / LORINA - Add
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Filing Fee: \$25.00