## L13000024609

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Deltona P

Deltona Property Rentals & Sales

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:

Pamela Cook
Name of Person
Firm/Company
1540 Stone Trail
Address
Enterprise, FL 32725
City/State and Zip Code
marci@kylekelley.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Cook

 $_{at}$  (407) 323-7802

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 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

## DELTONA PROPERTY RENTALS AND SALES 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 2/15/13	and assigned
Florida document number L13000024609	<u></u>	3 HAR
This amendment is submitted to amend the following:		de This
A. If amending name, enter the new name of the lin	nited liability company here:	
Prestige Investment Shop, LLC		1. 2
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		s, enter the name of the new
Name of New Registered Agent:	······································	
New Registered Office Address:		
	Enter Florida	street address
	, F	Torida
	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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	MGR = Manager MGRM = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
	<del></del>		Add
			Remove
		<u> </u>	
			Remove
			55 C C C C C C C C C C C C C C C C C C
			Add
			Remove
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			Add
			Remove
			Add
			Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ted	2/27/13
	Pamely Cook
	Signature of a member of authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00