# 114000118766

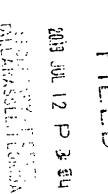
(R	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	<del></del>
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	<u> </u>
ertified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300330855613

67/12/15 -- 0 665 A. . + 3...67



# **COVER LETTER**

TO: Registration S Division of Co			
Prestige E	ssential LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	William Cromity		
		Name of Person	<del>, , ,</del>
	Prestige Essential LLC		
		Firm/Company	<u>.</u>
	4361 Jerome Ave		
		Address	
	Jacksonville Florida 32209	)	
		City/State and Zip Code	
	pessentialsllc@gmail.com		
		to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	aff:	
William Cromity		904 571-6082	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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

FILED

Prestige Essential LLC		2019 114
( <u>Name of the Limited Li</u> (A F	ability Company as it now appears on our orida Limited Liability Company)	records.) 2013 114 12 P 3: 5
		= = = 11 57
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 Liability Company," the designation	n "LLC" or the abbreviation "L,L,C,"
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AI	of Organization for this Limited Liability Company were filed on     1/3/2019	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
	S. C.	ecords, <u>enter the name of the no</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
_	Ciţ	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 addor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Demario Cromity	281 Auburn Oaks Rd.	_ Add
		JACKSONVILLE, FL 32218	
			Remove
			Change
MGR	Iveria Cromity	4361 Jerome Ave.	<b>∃</b> Add
		Jacksonville, Fl 32209	= 700
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change

•	
•	
•	
fan ef Note:	(optional)  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Th€	
	William Cenul
The	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00