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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

K.SALY EXAMINER JAN - 5

COVER LETTER

	ation Section n of Corporations				
SUBJECT:	PRESTIGE	Advisors	ис		
<u> </u>			d Liability Company		
The enclosed Art	ticles of Amendment a	and fee(s) are submi	tted for filing.		
Please return all	correspondence conce	rning this matter to	the following:		
		Lisa	KEPICS		
			Name of Person		
		DICKS & NI	ANTON P.A.		
			Firm/Company		
	57	O N. OHAND	0 AVE #2	-	
			Address		
	WI	HTER PALK,	FL 32 City/State and Zip Co	189	
		LISA @ DUI	City/State and Zip Co	vde va	
			be used for future ann		on)
For further inform	mation concerning this	s matter, please call:			
lisa K			at (<u>467</u>)	216-773	:7
	Name of Person		Area Code	Daytime Tel	ephone Number
Enclosed is a che	eck for the following a	mount:			
\$25.00 Filing	g Fee \$30.00 Certif	Filing Fee & icate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		□ \$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	
COIS DEC 31	
ALLAHARRY OF STALL	•

Prestige advisors uc (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) $UH(I)_L$ The Articles of Organization for this Limited Liability Company were filed on L14000126012 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DNA PULSE The new name must be distinguishable and contain the words "Limited Liability 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

	g Authorized Person(s) authorized to n I from our records:	nanage, <u>enter the</u>	title, name, and address of each	person being added
MGR = M			FILED 2015 DEC 31 PM 3: 52	
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF STAFE TALLAHASSEE, FLORIDA	Type of Action
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be pr	(optional) rior to date of filing or more than 90 days after filing.) Pursuant to 605.02
Note: If the date inserted in this block does not meet the app	licable statutory filing requirements, this date will not be listed
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,	
ne record specifies a delayed effective date, but	not an effective time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
Dated DEC. 28 1, 2015	
	·
}	
Signature of a member or au	ithorized representative of a member
W /	

Page 3 of 3

Filing Fee: \$25.00