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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 28 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prestige Services of Sarasota and Property management LLC
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:

JEFF S PETERS

Name of Person

Prestige Services of Sarasota and Property management LLC

Firm/Company

4444 Swift Rd # 30

Address

Sarasota FL 34231

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff S. Peters

Name of Person

at (941) 356-0444

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	PETERS, Joseph C	4617 Summer Oaks Ave E. Sarasota Fl. 34243	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	PETERS, Jeff S	4444 Swift Rd # 32 Sarasota Fl. 34231	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Oct 24, 2014

Jeff D. Peters

Signature of a member or authorized representative of a member

Jeff S. Peters

Typed or printed name of signee

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Filing Fee: \$25.00

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