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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: Prestige Worldwide Agoring LLC Name of Limited Liability Company			
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Daniel M	Name of Person	
		Firm/Company	Marine Marine Inc.
,	3 Inlet	Or . Address	
	Lake Hope Imack 9	City/State and Zip Code 73 (a) Live Con be used for future annual report notifications.	07849 1
_			ation)
For further information conce			_
Daniel Name of Per	Mcc./C	at (973) 902 - Area Code Daytime T	8730 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:

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

_ Prestige Worl	d Wide +	Clooring	LLC	
(Namé of the Limited Liab i (A Flori	lity Company as it now a da Limited Liability Comp	oany)	ords.)	_
The Articles of Organization for this Limited Liability	Company were filed of	on May 4	2015 and	assigned
Florida document number <u>L150007829</u>	<u>54</u>	1		_
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability compa	ny here:		
The new name must be distinguishable and contain the words "Li	mited Liability Company,	" the designation "L	LC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			F42	Ā
(Principal office address MUST BE A STREET ADD	RESS)		<u> </u>	= -
				골 ED
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		**	77 M	S
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	istered office addre dress here:	ss on our reco	rds, <u>enter the na</u> n	ne of the new
Name of New Registered Agent:				
New Registered Office Address:	E	77	,	T-11-11-11-11-11-11-11-11-11-11-11-11-11
	Ente	er Florida street add	ress	
	City	,]	Florida	de
New Registered Agent's Signature, if changing Register	•		Zip Co	46

If Changing Registered Agent, Signature of New 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>Coowner</u>	Daniel Mack	406 Thrush Dr. Satellite Burch Fl. 32937	NAdd
		Satellite Buch Fl. 32937	Remove
			Change
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		·*************************************	□ Remove
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			Change

. If amending any other information,	enter change(s) here: (At	tach additional sheets, if	necessary.)
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Effective date, if other than the date (If an effective date is listed, the date must be sp Note: If the date inserted in this block do document's effective date on the Department of the record specifies a delayed effective date of the light of the record specifies a delayed effective date of the light of the record specifies a delayed effective date of the record specifies a delayed effective date of the record specifies a delayed effective date of the light of the record specifies a delayed effective date of the light	ecific and cannot be prior to date bes not meet the applicable st nent of State's records.	of filing or more than 90 days atutory filing requirements,	, this date will not be listed as the
The 90th day after the record is		,	
Dated Mcy 6) , <u>2015</u> .		
Signa	ture of a member or authorized i	epresentative of a member	
Daniel	Mcck Typed or printed name	e of signee	FILED
	Page 3 of	3) 1 2: 05 STATE FLORID,

Filing Fee: \$25.00