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LLC AMND/RESTATE/CORRECT OR M/MG RESIGNATION OF THE PROPERTY O PRESTIGE FLOORING & RENOVATION LLC

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## **COVER LETTER**

	Registration Se Division of Cor				•
SID TO		E FLOORING & RENOVATIO	ON LLC		
SUBJEC	Name of Limited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		CAMILA R CAMPOS			
			Name of Person		
		PRESTIGE FLOORING	& RENOVATION LLC		
		******	Firm/Company	<del></del>	
	1316 DICKERSON DR				
		<del></del>	Address		
		CLEARWATER, FL 337	64		
			City/State and Zip Code	٠.٠	
		RDASILVA@LIBERTYT		国	<u>ত্</u> য
For furth	er information (	E-mail address: concerning this matter, please o	to be used for future annual report noti	ication)	SEP FT
	A R CAMPOS		201 491-4755 at ( )	SSET O	14
*	Name	of Person		Telephone Number	HH II: 09
Enclosed	is a check for t	he following amount:	•	Jose .	-
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$50.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclose	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, PL 32	n ations nter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRESTIGE FLOORING & RENOVATION LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000114074	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabli	ity Company," the designation "LLC"	or the abbreviation "LLC."
Enter new principal offices address, if applicable:		ं चेंद्र ज
(Principal office address MUST BE A STREET ADDRESS)		FE A T
		- O
		能力
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, g:	enter the name of the net
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
Name Descriptioned Agent's Signature of Shanging Descriptioned Agent's		Σφ cous
New Registered Agent's Signature, If changing Registered Agent;		than acrea to comply with the
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	d I am familiar with and T.S. Or, if this document is
If Char	nging Registered Agent, <u>Signature o</u>	New Registered Agent

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 AMBR = Authorized Member

Title	<u>Name</u>		Address	Type of Action
AMBR.	MARCIA MARTINS		1316 DICKERSON DR	
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09/14/2015 12:14

8138840263 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)

(If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Ü Dated\_09/10 2015

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Typed or printed name of signer

infember or authorized representative of a member

Signature of

CAMILA R CAMPOS

Filing Fee: \$25.00