

L15 000 210 523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

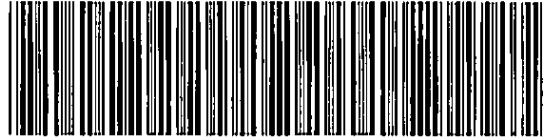
(Document Number)

Certified Copies  Certificates of Status

Special Instructions to Filing Officer:

Received faxed Amendment  
from C. Brown on 10/23/2019

Office Use Only



600333123356 ✓

08/08/19--01039--018 \*\*55.00

OCT 2019

2019 OCT 23 PM 2:34

Amend



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2019

RACKIN PERCILES  
PRESTIGE MULTI SERVICE LLC  
1412 S POWERLINE RD  
POMPANO BEACH, FL 33069

SUBJECT: PRESTIGE MULTI SERVICE LLC  
Ref. Number: L15000210523

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A NEW FORM IS PROVIDED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 219A00019431

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Prestige Multi Service 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:

Chantal Brown  
Name of Person

Prestige Multi Service LLC  
Firm/Company

4073 Allerdale Place  
Address

Coconut Creek Fl. 33073  
City/State and Zip Code

bellachon.cb@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chantal Brown at 954 821-5663  
Name of Person 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Prestige Multi Service LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

12/21/2015

The Articles of Organization for this Limited Liability Company were filed on 03/25/2019 and assigned Florida document number L15000210523.

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 "L.L.C." 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)

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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:

Florida

City

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 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>                      |
|--------------|------------------------|--------------------------------------|--|
| <u>VP</u>    | <u>Rachin Pericles</u> | <u>2480 Hammondville Rd</u>          | <input type="checkbox"/> Add               |
|              |                        | <u>Pompano beach, Fl. 33069</u>      | <input checked="" type="checkbox"/> Remove |
|              |                        | _____                                | <input type="checkbox"/> Change            |
| <u>VP</u>    | <u>Joann Brown</u>     | <u>1471 SW 5<sup>th</sup> Avenue</u> | <input checked="" type="checkbox"/> Add    |
|              |                        | <u>Deerfield beach, Fl. 33441</u>    | <input type="checkbox"/> Remove            |
|              |                        | _____                                | <input type="checkbox"/> Change            |
|              |                        | _____                                | <input type="checkbox"/> Add               |
|              |                        | _____                                | <input type="checkbox"/> Remove            |
|              |                        | _____                                | <input type="checkbox"/> Change            |
|              |                        | _____                                | <input type="checkbox"/> Add               |
|              |                        | _____                                | <input type="checkbox"/> Remove            |
|              |                        | _____                                | <input type="checkbox"/> Change            |
|              |                        | _____                                | <input type="checkbox"/> Add               |
|              |                        | _____                                | <input type="checkbox"/> Remove            |
|              |                        | _____                                | <input type="checkbox"/> Change            |

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

Multiple horizontal lines for amending information.

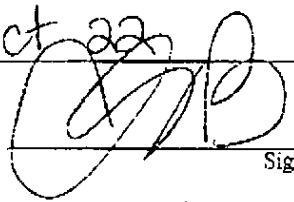
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

Dated Oct 22, 2019



Signature of a member or authorized representative of a member

Chantal Brown

Typed or printed name of signee