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(Requestor's Name)	
- (Address)	
(Address)	
(City/State/Zip/Phone #)	
	MAIL
(Business Entity Name)	
(Document Number)	
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TO: Registration Se _Division_of_Cor	ction	
Prestige Gl	obal Management LLC	
301937033 <u></u>	Name of Lim	mited Liability Company
The enclosed Articles of	Amendment and tee(s) are sub	bmitted for filing.
Please return all correspo	ndence concerning this matter	r to the following:
	Br ian Kirimdar	
		Name of Person
	Prestige Chobar Wanagem	
		Firm/Company
	10437 Greendale Drive	
	<u>-</u> ,	Address
	Tampa, FL 33626	
	BrianKirimdar@gmail.com	City/State and Zip Code
		(to be used for future annual report notification)
For further information co	oncerning this matter, please c	seM:
Brian Kirimdar		917 ·902-4730
Name o	t Person	Area Code Daytime Telephone Number
Enclosed is a check for th	-	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	555.00 Filing Fee, Certified Copy Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (1020-222, 2029; 8 * 2008)
	ING ADDRESS: ation Soution	STREET/COURIER ADDRESS: Registration Section
ె.ళకట P.O. Bo	a of Corporations	Olivision of Corporations Clifton Building 2551: Executive Content Clipto Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company)		
were filed on	and assigned	
ulity company here:		
lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
10437 Greendale Drive		
Tampa, FL 33625		
	17	
	پاله، دم هنچی بی براهید.	
- <u>-</u>		
lince address on our records. e	mer the name of the	
	Ility company here: hty Company," the designation "LLC" or 10437 Greendale Drive	

Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	27 - 176 - D	
	Enter Floridk street addi	1CK5
	, t	Horida
	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 Lam 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 field to reserve y reflect a change in the registered affice address; Liberaby confirm the limited lighticity 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other t	than the date of filing	•	(optional)	
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If the record specifies a (b) The 90th day after	delayed effective d the record is filed.	ate, but not an eff	ective time, at 12:	01 a.m. on the ea	rlier of:
May 16		2016			
13	- 10)	1			
	Signature of a n	nember.or.authorized repr	resentative.of.a member.		
Brian, Kirimdar					
		Typed or printed name-o	Signee	• • • • •	
		Fage 3 of 3			

Filing Fee: \$25.00