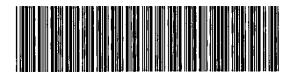
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
THE SECRETARY OF STA

FEB 22 7017 J. HARRIS

COVER LETTER

Division of Col	rporations		
SUBJECT:	stige Realty o	F Florida LL ted Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspondence	ondence concerning this matter t	to the following:	
	Prestig	Address	Torida LLC Suite 305
	Pat Ho E-mail address: (b	Clty/State and Zip Code Cock Broker (cook encock Broker)	w gmallocom
For further information of	oncerning this matter, please ca	II:	
Tatrick Name o	L. Hancock of Person	at (407) 808 Area Code Daytime	. 0899 Telephone Number
Enclosed is a check for the	he 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)

TO:

Registration Section

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

Yrestige R	culty of	Florida	, LLC			
(Name of the Limit	ed Liability Con (A Florida Limit		nears on our records.)		
The Articles of Organization for this Limited Life Florida document number	•	•	4-1-1	b	_ and assi	gned
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	the limited li	ability company	<u>y here</u> :			
The new name must be distinguishable and contain the w	ords "Limited Li	ability Company," t	he designation "LLC"	or the abbre	viation "L.L	C." ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Enter new principal offices address, if applic	able:	***************************************			17	
(Principal office address MUST BE A STREE	T ADDRESS)	 			- 8	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)				2 AM II: 06	FLED ANY OF SIATE CONFORMATIONS
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:	fice address h	<u>iere</u> :	on our records, L. Han ake Ra			of the new
New Registered Office Address:	7208	W. Sand 1	ake Rs.	Suite	305	<u> </u>
New Registered Office Address.	Dola		Florida street address	rida	3281 Zip Code	19

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.

f 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> MGR Fernander, Wilfred 1 66 Riley Riay Stet B1 <u>Name</u> **Type of Action**

		Celebration, PL 34747	Remove
		·	Change
MGR	Fernender Pikr	66 Riley Road Ste #B1	🗖 Add
		66 Riley Road Ste #B1 Celebration FL 34747	Remove
		·	Change
- UN - UN - UN			
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change
			FILE 21
			Remove CD
			Change
			□ Add
			Remove
		1	Change

ii ainchul	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: If the document'	date, if other than the date of filing:	ted as the
Dated	2-17 _ 2017 ,	
	7 1 1	,
	Signature of a member or authorized representative of a member	187.CR
	Typed or printed name of signee	13.03 10.43 10.43
	Typed or printed name of signee	F STA
	Page 3 of 3	NO.
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Filing Fee: \$25.00