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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: REST	Ge Cars of Ol Name of Lim	Marvolo II c ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Guerso	Name of Person	
	<u> </u>	Firm/Company	
	54 West	Illiana St. StE	<u>A</u>
	Orlandu FL prestige (ars 1	32806 City/State and Zip Code Of (and) Egmail (Coto be used for future domail report notific	Ů M cation)
For further information cor	acerning this matter, please ca	ill:	
Guerson Si Name of I	Verson	at (<u>107</u>) <u>230</u> Area Code Daytime	4115 Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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 Cars of Orlando 11c	
Prestige (ups of Orlando IIC (Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on 7/2 Florida document number 414000141503	28 116 and assigned
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 design	ation "LLC" or the abbreviation "LLC."
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)	
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	r records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address: Enter Florida si	treet address
	Florida
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	33

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jimpy Nelson	2101 Oneta ct.	D
		Orlando, FL 32818	Remove
			Change
MGR	Guerson Silvera	54 W. Illiana St. StEA	
		Orlando, FL 32806	Remove
			Change
			□ Add
			Remove
			□ Change
			
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etive date, if other than the date of filing: Herical transfer of the date is listed, the date must be specific and cannot be prior to date of filing or a	(optional) more than 90 days after filing.) Pursua	int to 605.
If the date inserted in this block does not meet the applicable statutory fili		
ment's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective	time at 12:01 a.m. on the	n earlie
e 90th day after the record is filed.	time, at 12.01 a.m. on the	e carne
d - 11/1 5th 2017		
P. C. and		
A M. 14 2 70-		
Signature of a member or authorized representative	-,	

Page 3 of 3

Filing Fee: \$25.00