

PICK-UP WAIT MAIL     (Business Entity Name)     (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(City	/State/Zip/Phor	ne #)
(Document Number) Certificates of Status	PICK-UP	WAIT	MAIL
ertified Copies Certificates of Status	(Bus	iness Entity Na	me)
	(Doc	ument Number	)
Special Instructions to Filing Officer:	Certified Copies	Certificate	es of Status
	Special Instructions to F	iling Officer:	

(Address)







30.0°

When you need ACCESS to the world ACČESS, \_\_\_\_\_

> 236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

# WALK IN

PICK UP: 11/25/2019

| |

· 1.

2.

3.

4.

5.

PHOTOCOPY

**CORPORATE** 

INC.

XX CUS

CERTIFICATE OF STATUS

XX FILING AMENDMENT

## **PRODIGEE INVESTMENT GROUP LLC**

(CORPORATE NAME AND DOCUMENT #)

CERTIFIED COPY

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL **INSTRUCTIONS:** 

### **COVER LETTER**

#### TO: Registration Section Division of Corporations

Prodigec Investment Group LLC
SUBJECT:

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:

Christopher Warren

Name of Person

Firm/Company

406 Wildflower Rd

Address

Davenport, FL 33837

City/State and Zip Code

chris.warren@prodigeeliving.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Warren

Name of Person

813 777-1263 at (\_\_\_\_\_) Area Code Davi

de Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 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
7	<b>О</b>
ARTICLES OF	ORGANIZATION 🚠
	OF
Prodigee Investment Group LLC	ar ta suc
(A Florida Limited	any as it now appears on our records.) The set of the set
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000157611</u>	were filed on 08/23/2016
This amendment is submitted to amend the following:	ा, १ <sub>९ अ</sub> ल्लाहर, स्वित
A. If amending name, enter the new name of the limited liab	<u>pility company here:</u>
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	4501 Clewis Ave
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33610
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the ne</u> :
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

#### MGR = Manager AMBR = Authorized

.

•

•

- .

.

AMBK =	Authorized	Member
--------	------------	--------

,

Title	Name	Address	Type of Action
MGR	Deontia Tibbs	4501 Clewis Ave	
			🖬 Add
		Tampa, FL 33610	Remove
			Change
			🗆 Лdd
			C Remove
			Change
			🗆 Add
			C Remove
			Change
			Q Add
			Remove
			Change
			D Add
			Remove
			Change
			🗆 Add
		· · · · · · · · · · · · · · · · · · ·	🗆 Remove
			D Change

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

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

document's effective date on the Department of State's records.

Signature of a member or authorized representative of a member

Christopher Warren

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00