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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: PRESTIBE CONSTRUCTION PROFESSIONALS, 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:
SHELDON A. SHIELDS Name of Person
PRESTIGIE CUNSTRUCTION PROFESSIONAS, LIC
UZZ VAPLEWOOD COURT  Address
COULF BREEZE, FL 32563 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SHELDON A. SHIELDS at (850) 1037-9407  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$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 CONSTRUCTION PROFESSIONALS, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	bility Company were file	d on	and assigned
Florida document number L/V 000 166 00	<u> </u>		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability com	pany here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Compar	ny," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		<b>N</b>
			OCT 2
Enter new mailing address, if applicable:			Mark O The Control of
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>		S S
B. If amending the registered agent and/o registered agent and/or the new registered off	ice address here:		s, enter the name of the ne
Name of New Registered Agent:	SHELDON A.	SHIELPS	
New Registered Office Address:	1122 MAPLEW	000 COURT Enter Florida street addre	ss
	City	. <del>E,</del> FI	lorida 32543 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Effective date, if other than the date of a (If an effective date is listed, the date must be specifically Note: If the date inserted in this block does a document's effective date on the Department.	not meet the app	plicable statutor	ng or more than 90 da ry filing requiremen	( <b>optional</b> ys after filinate, this date	) g.) Pursuar e will not	nt to 605. be liste	.0207 (i ed as ti
the record specifies a delayed effection of the 90th day after the record is file		not an effec	tive time, at 12	2:01 a.m.	on the	earlie	er of:
Dated OCTOBER 17th	, <u>Z</u> ON	<b>/</b>	·				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00