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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2020 AUG -3 PM 3:07

C. GOLDEN
SEP 20 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Prestige Family Vacation Services.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:

Tara Davis

Name of Person

Prestige Family Vacation Services

Firm/Company

2293 Yorville Ct

Address

Ocoee, FL 34761

City/State and Zip Code

taraprestige@outlook.com

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

For further information concerning this matter, please call:

Tara Davis

407
at ()

4937449

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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(A Florida Limited Liability Company)

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

[illegible]

[illegible]

(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)

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.

Ryan Davis
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00