# 116000216911

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2017 MAR 13 PM 1: 48
SACKETARY OF STATE

K. SALY MAR 1 4 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Prestige Place ALF 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:
Bobsilyn Duncan. Name of Person
Prestige Place ALF LLL.
356 Barbarossa Road. Address
Palm Bay, FLONDA, 32907  City/State and Zip Code  Prestige Place 01@ Gmail: Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bobsium Duncan at (954) 830-52-70  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Status Solution Status Status Solution Status Status Status Solution Status St

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 The Articles of Organization for this Limited Liability Company were filed on and assigne Florida document number L 16000216911 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 designation "LLC" or the abbreviation "L.L.C." 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 records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

### 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 **Title Type of Action** <u>Name</u> Add ☐ Remove ☐ Change Nicole Davis □ Add ☐ Change F S T Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add

□ Remove

☐ Change

ctive date, if other than the date of filling: (o effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days to the date inserted in this block does not meet the applicable statutory filing requirements, ument's effective date on the Department of State's records.	MINING LANGE CONTROL OF STATE
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Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00