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SECRETARY OF STATE

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## **COVER LETTER**

TO:	Registration Division of C	Section 'Corporations	•	· ;	
SUBJE	CT:	Prestige	Motor G	Peup LLC ited Liability Company	
			Name of Lim	ited Liability Company	
The end	closed Articles	of Amendment a	nd fee(s) are sub	mitted for filing.	
Please 1	return all corre	spondence concer	ning this matter	to the following:	
			LUI	SANTINGO Name of Person	
			_		
			trestig	Firm/Company	
			9	79 Shapick Dr	
		·		Orange City, FL 322 City/State and Zip Code	
			Luis (	CLUISS.ANTIAGO. NET to be used for future annual report not	ification)
For furt	ther informatio	n concerning this	matter, please ca	all:	
·	Luis SA,	nT,AGC		at (310) 995 10 Area Code Daytin	ne Telephone Number
				2.7	
Enclose	ed is a check fo	or the following a	nount:		
<b>♥</b> \$25	5.00 Filing Fee	□ \$30.00 F Certifi	Filing Fee & cate 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

PrestigeMotor GroupLLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 12/01/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		RELIARY OF STATE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		enter the name of th
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address, Flori	daZip Code

If Changing Registered Agent, Signature of New Registered Agent

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Luis R Santiago	5111 STORMY HILLS  SAN MATERIO. TX 78247	<b>=</b> Add
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<b>Tective date, if other than than effective date is listed, the date mote:</b> If the date inserted in this ocument's effective date on the	ust be specific and c block does not me	cannot be prior to date of eet the applicable statu	filing or more than 90 da			
e record specifies a delayon The 90th day after the re		ite, but not an eff	ective time, at 12	!:01 a.m. o	n the earlie	er o
nted /3/37	,	3016			, and the state of	
		454		音音 3	Tally proceedings	
	Signature of a mo	ember or authorized repr	esentative of a member	%	The second secon	
					111	
	_	Typed or printed name of	Λ	FES A		

Page 3 of 3

Filing Fee: \$25.00