# L170000 54765

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

TO: Registration Sec Division of Corp			,	
	nagement Group Solutions, LL	.c. '	,	
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Andis Diaz			
		Name of Person		
	Prestige Management Grou	up Solutions, LLC		
	<u></u>	Firm/Company		
	5176 Caspian St.			ئند
		Address		20
	St. Cloud, FL 34771			700 mg
		City/State and Zip Code		-5 ()
	andisdiaz24@gmail.com			<b>A</b>
For further information c	E-mail address: ( uncerning this matter, please c	to be used for future annual report not all:	ification)	Con: (741085
Andis Diaz		407 4882753		Ĵ
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional cop	f Status & py
<u>Mailing Addres</u> Registration		Street Address: Registration S	ection	
Division of Corporations		Division of Co	orporations	
P.O. Box 632		The Centre of		
Tallahassee,	rl 32314	2410 IN. MOND	oe Street, Suite 810	

Tallahassee, FL 32303



2020 . The Fir 4: 01

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 11, 2020

ANDIS DIAZ 5176 CASPIAN ST ST CLOUD, FL 34771

SUBJECT: PRESTIGE MANAGEMENT GROUP SOLUTIONS, "LLC"

Ref. Number: L17000054765

We have received your document for PRESTIGE MANAGEMENT GROUP SOLUTIONS, "LLC" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 420A00011585

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prestige Management Group Solutions, 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 Liability Company were filed on 5/08/2020 Florida document number L17000054765 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.I..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: Enter Florida street 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.

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida

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	<u>Name</u>	Address	Type of Action
MGR	Jose Diaz	5176 Caspian St	■Add
		St. Cloud, Fl. 34771	□Remove
			□Change
			□ Add
			Remove
			□Change
			□ Remove
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			□ Change

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