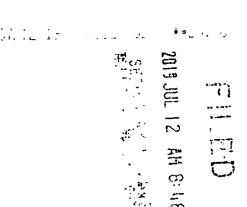
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COVER LETTER

TO: Registration S Division of Co			
11111111111	K Realty, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Donia A. Roberts, Esquire		
		Name of Person	
	Donia A. Roberts, P.A.		
		Firm/Company	
	257 SE Dr. Martin Luther	King, Jr. Blvd.	
		Address	
	Belle Glade, Florida 33430)	
	patricialarapck@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please co	all:	
Donia A. Roberts, Esqu	ire	561 993-0990 at ()	
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:

TO:

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 CK Realty, 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 May 2, 2017 Florida document number $\frac{1.17000097104}{}$ 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 "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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 i 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AR	Victor Ortiz	6464 Gun Club Road West Palm Beach, FL 33415	Add
		 	■ Remove
			Change
			Remove
			Change
			Remove:
			Add
		□ Remove	
			Change
			☐ Add
	- <u></u>	□ Remove	
			Change
			☐ Remove
			Change

	
	,
	<u> </u>
	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to tote: If the date inserted in this block does not meet the application ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier o
ated	- <i>*</i>
Signature of a member or authors	zed representative of a member
ASSIAN SILVA Typed or printed	

Page 3 of 3

Filing Fee: \$25.00