## 

(Requestor's Name)	
(Address)	<del></del>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(During and Earth Mana)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
· <del></del>	
Special Instructions to Filing Officer:	





03/15/21--01018--028 \*\*25.00





## **COVER LETTER**

TO: Registration Sect Division of Corpo					
<sub>SHRJECT:</sub> Insurance	Planning and Design	LLC			
		ited Liability Company			
	mendment and fee(s) are sub	-			
	Laura Chirichigno				
		Name of Person			
	Ellenton Cpa LLC				
	·	Firm/Company	SE	20.	
	1001 3rd Ave West	Suite #440	2 (A)	2021 MAR 15	77
		Address		<del>20</del>	Common garante
	Bradenton, Florida 3	34205	% C − € − € − € − € − € − € − € − € − € −	70	m
	-	City/State and Zip Code	N. W.	PM 4:48	O
	Laura@ellentoncpa.c	com to be used for future annual report notifi	cation)	8 1	
For further information cor	ncerning this matter, please c		,		
Laura Chirichigno		at ( 941 ) 345-1682			
Name of I	erson	Area Code Daytime	Telephone Number	<del></del>	
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)	S60.00 Filing Certificate of Certified Cop (additional copy	`Status by	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Insurance Planning and D	esign LLC		
( <u>Name of the Limi</u>	ted Liability Company as it now appears (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on	June 23, 2017	and assigned
Florida document number <u>L17000137169</u>			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	of the limited liability company he	<u>re</u> :	
Prestige Planning LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	esignation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applic	cable:	<i>ω</i>	22
(Principal office address MUST BE A STREE		TAL	)211
Trincipal office and ess Mees Devision		50	AR II
	· · · · · ·		U .
		HO H	P M
Enter new mailing address, if applicable:	<del></del>	<u></u>	÷ U
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<del></del>	1
		<u>កោ</u>	
B. If amending the registered agent and/or agent and/or the new registered office addre	~	ecords, <u>enter the nan</u>	ne of the new register
Name of New Registered Agent:	Ellenton Cpa LLC		
New Registered Office Address:	1001 3rd Ave West Suite	#440	
	Enter Flor	ida street address	
	Bradenton	, Florida <u>3</u> 4	4205
	City		Zip Code

## 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 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
MGR			□Add
			□Remove
			Change
<u>m</u>			🗖 Add
			T) 111
		ASSEE S	<del>2</del> 55
		EE, FI.	<del>-</del>
			□Remove
			□ Change
			□Remove
		·	Change
			🗀 Add
			□ Change
			🗆 Add
			□Remove

-									
				<del></del>					
								2021	
<del> </del>								HAR	n
		-					4:2 > <u>1</u>	70	
							HASSE HASSE	- <del>P</del> H	-67
							: S	£_ ⊒⊑	
							ATE	8+1	
	·				<del></del>				
<del></del>								<del></del>	
		<del></del>							
fective date, if	other than the dat isted, the date must be:	e of filing:		0.71		(optio	onal)		605.000
ote: If the date in	isted, the date must be isserted in this block of the Depar	does not me	et the applic	able statutor	g or more than y filing requir	ements, thi	s date wil	rsuant to I not be	listed a
record specifies a is filed.	delayed effective da	te, but not a	n effective ti	me, at 12:01	a.m. on the e	arlier of: (b	) The 90	)th day	after the
			100						
ated <u>Manch</u>	10 10 Sign		1 m	_ ·					