

L17000143173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

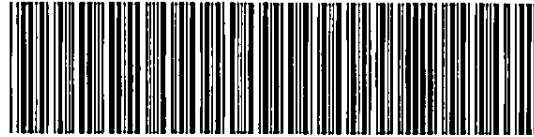
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800329595898

05/20/19--01027--008 **30.00

FILED
19 MAY 20 AM 8:13
S. YOUNG

JUN 07 2019

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SM Prestige ~~Printer~~ Consulting Services
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:

Shicarra O. McKinnis
Name of Person
Prestige Consulting Services (DBA Prestige primary childcare)
Firm/Company
1614 Holly Rd
Address
lakeland FL 33801
City/State and Zip Code
Shicarrawilliam@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shicarra McKinnis at (813) 606 9057
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Prestige Consulting Services

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
19 MAY 20 AM 8:13

The Articles of Organization for this Limited Liability Company were filed on July 3 2017 and assigned
Florida document number L17000143173.

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**)

4108 E. ELLICOTT ST
TAMPA FL 33610

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1614 Holly Rd Lakeland
FL 33801

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:

Shicarra G. McKinnis

New Registered Office Address:

4108 E. ELLICOTT ST 33610

Enter Florida street address

TAMPA

City

Florida

33610

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.

Shicarra G. McKinnis

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 added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Anthony McKinnis	4610 W Gray St Unit 301	<input type="checkbox"/> Add
		Tampa FL 33609	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

May 16, 2019
Sharon O McKinnon
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Shicarra o McKinnis

Typed or printed name of signee

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
SHICARRA MCKINNIS
1614 HOLLY RD
LAKE LAND, FL. 33801

L17000143173
FILED 8:00 AM
July 03, 2017
Sec. Of State
kbrumley

Title: MGR
ANTHONY GM MCKINNIS
4610 WEST GRAY ST. 301
TAMPA, FL. 33609

Remove MGR

Signature of member or an authorized representative

Electronic Signature: SHICARRA O. MCKINNIS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

Add: DIBA Address

@ ~~4108~~ 4108 E ELICOTT ST
TAMPA FL
33610