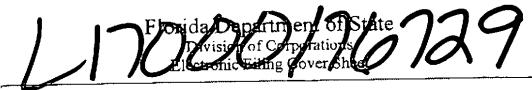
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Phone : (214)317-4754 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please ...

61	Address:_	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRESTIGE HOMES INVESTMENTS LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRESTIGE HOMES INVESTMENTS LLC	·	
(Name of the Limited Lightlet (A Florida	y Company as it new appears on our records.) Limited Liability Company)	
he Articles of Organization for this Limited Liability Colorida document number L17000176729	ompany were filed on 08/18/2017 and assigned	
This amendment is submitted to amend the following:		
L If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "LL.C."	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	<u>vess</u>)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
registered agent and/or the new registered office add Name of New Registered Agent:	ircss here:	
New Registered Office Address:		
New Regarded Office Address.	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registers		
provisions of all statutes relative to the proper and of	t and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address. I hereby confirm that the limited liability is.	
	If Changing Registered Agent, Signature of New Registered Agent	
	Page 1 of 3	
	({(H18000214471 3)))	

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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>	Name	Address	Type of Action
MGR	AL-NAJAR, MOODY	1231 RADIANT STREET	
		REUNION, FL 34747	Remove
			☐ Change
			DAdd
			Remove
			☐ Change
MGRM	AL-NAJJAR, SAHAR	7411 SOIREE WAY	
		REUNION, FL 34747	□ Remove
		CONTRACTOR OF THE STATE OF THE	
			D Adul
			Remove FILE LORDA AND LORD
			□ Change
•••			
			Remove
			Change

(((H18000214471 3))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ (optional) (If an effective date is listed, the date must be specific and extent to eprior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:0% a.m. on the earlier of: (b) The 90th day after the record is filed. Dated ____ Signature of a member or authorized representative of a member SAHAR AL-NAJJAR Types or printed name of signer Page 3 of 3 Filing Fee: \$25.00

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