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(Requestor's Name) (Address) (Address)	200333638032
(City/State/Zip/Phone #)	03/03/1901019027 **30.00
Special Instructions to Filing Officer:	SEP 13 2019 S. YOUNG
Office Use Only	FILED SETTING MUMMANU - LOP → MUMMANU - LOP →

COVER LETTER

TO: Registration Section Division of Corporations

Frestige Island Exports LLC. Name of Limited Liability Company SUBJECT: ____

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



Eddie Bustemente ai (305) 820 Sana Ext. 301 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 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: 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 A	
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ARTICLES OF O	RGANIZATION
0	F 52 5
Prestige Island Ex (Name of the Limited Liability Compar (A Florida Limited L	
The Articles of Organization for this Limited Liability Company	were filed on 03 or 2017 and assigned
Florida document number 17000263257	were filed on 03 or 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8238 Commerce Way
(Principal office address MUST BE A STREET ADDRESS)	Micmi FL 33016
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	B23B Commerce Way Mian, FL 3326
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	

registered agent and/or the ne	wregistered office address nere.	

New Registered Office Address:	B238 Commerce	المسا مسا	
<u>, in the grant of the train can</u>	Enter Florida street address		
	Miani	. Florida	33016
	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 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

•

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			□ Change
		<u>.</u>	Add
			Remove
			Change
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		· · ·	Remove
			Change

 $x \in \mathbf{D}$. If amending any other information, enter change(s) here: (Allach adallional sheets (f necessary.))

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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.

Dated 8/24 or authorized representative of a member nature of a member Edund yped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00