L18000057592

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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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TO: Registration Section Division of Corporations

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PRELUDE VENTURES LLC
SUBJECT:

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:

PARESH M. SHAH

Name of Person

Firm/Company

12402 BRAMFIELD DRIVE

Address

RIVERVIEW, FL 33579

City/State and Zip Code

flestate2014@gmail.com

	E-mail address: (to be used for future annual re	port notification)		
For further information concerning this matter, please call:					
Paresh M. Shah		813 468-4585 at ()		in the second se	
Name o	f Person	Area Code	Daytime Telephone Number		
Enclosed is a check for th	te following amount:				
🔳 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy		ng Fee. 2 of Status &	

(additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRELUDE VENTURES 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 03/05/2018 and assigned Florida document number 1.18000057592

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PRELUDE REALTY SERVICES LLC

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)

	EC: 0
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, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	uldress
	Ciţ	_, Florida 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

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			🗆 Change
			🗆 Add
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			🖸 Add
			Change
	<u> </u>		🗆 Add
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) TO PROVIDE REAL ESTATE RELATED SERVICES LIKE BUY, SELL, LEASE AND PROPERTY

MANAGEMENT SERVICES FOR A FEE AND COMMISSION / COMPENSATION, TO INVEST IN

VARIOUS REAL ESTATE VENTURES AND TO CONDUCT ANY BUSINESS THAT IS LEGAL IN THE

STATE OF FLORIDA	
	
	2021: O
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(optional)

E. Effective date, if other than the date of filing: 10/14/2024 (If an effective date is listed, the date summer based of filing: (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) Note: If the date inserted in this block does not meet the applicable statutory filing 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 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 30	
	P. M. Meller Signature of a member or authorized representative of a member

Paresh M Shah, Member

Typed or printed name of signee

Filing Fee: \$25.00