# 118000163215

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### **COVER LETTER**

		istration Sec sion of Corp			.•	
erib itéz		_	me Improvements & Property	Maintenance, CCC		
SUBJÉC	.1:		Name of Lim	ited Liability Company		
The encle	osed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please ret	turn	all correspoi	ndence concerning this matter	to the following:		
			Amelia Duran			
				Name of Person		
			Prestige Home Improveme	ems & Property Maintenance, LI	.C	7
			Po Box 7073	Firm/Company		4 -
			Address		5 11	
			Avon Park, FL 33826			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			prestige.homelle@gmail.co	City/State and Zip Code m		ے ۔
			E-mail address: (	to be used for future annual report r	otification)	
For furthe	er in	formation co	oncerning this matter, please ca	all:		
Amelia E	)ura:	n		863 446-578		
		Name of	Person	at () Area Code Day	time Telephone Number	
Enclosed	is a	check for the	e following amount:			
<b>■</b> \$25.0	00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &
			NG ADDRESS:	STREET/COU	RIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prestige Home Improvements & Property Maintenance  (Name of the Limited Liability Compa (A Florida Limited I		<u>s.)</u>
(A Florida Limited I	Liability Company)	_
The Articles of Organization for this Limited Liability Company	were filed on 7/2/2018	and assigned
Florida document number L18000163215		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	tity 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)		·
		نده نت
		5
Enter new mailing address, if applicable:		ξ, <b>1</b> .‴
	-	7:1
Mailing address MAY BE A POST OFFICE BOX)		<del></del>
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	·
	ънст г юнаа sircei addres.	`
		orida
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Amelia Duran	Po Box 7073, Avon Park, FL 33826	
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			☐ Remove
			☐ Change
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ective date, if other than the date of filing: 7-2-18 effective date is listed, the date must be specific and cannot be prior to date of filing or meet. If the date inserted in this block does not meet the applicable statutory filing ament's effective date on the Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 605 requirements, this date will not be liste	5.0201 ed as
record specifies a delayed effective date, but not an effective t ne 90th day after the record is filed.	me, at 12:01 a.m. on the earlie	er o
ed_October_31. 2018  Melia Ouran  Signature of a member or authorized representative		
Signature of a member or authorized representative	of a member	

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Filing Fee: \$25.00