L18000172243

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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DIVISION OF CORPORATIONS
22 APR -8 PM 2: 23

T. MATTHEWS APR 2 2 2022

COVER LETTER

Division of Corp	orations		
SUBJECT: Prestig	PROPERTIES IN Name of Lim	ternational UC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Carlus Am	ASTHA Name of Person	
	Prestige Pro	Perties Internation	mal LLC
	10040 SM 10	Address	
	Miami, FL 3	331910 City/State and Zip Code	
	E-mail address: (i	S O GMALL COM to be used for future annual report notif	cation)
For further information cor	ncerning this matter, please ea	all:	
Carlos Amas	erson erson	at $(\frac{180}{\text{Area Code}})$ Daytime	5550 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 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:		Street Address:	

TO:

Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT FILED STATE TO DIVISION-UF CORPORATIONS ARTICLES OF ORGANIZATION PR -8 PM 2: 23 OF

Prestige Properties 10th Name of the Limited Liability Comp (A Florida Limited	Proational LLC pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number 118000112243.	y were filed on <u>07 17 2018</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	offity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10040 SW 101 PL
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 331910
Enter new mailing address, if applicable:	10040 SW 1101 PL
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 3319U
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new registered Marie Please Marie Marie
Miami	City Florida OS 190

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
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			□Remove
			□Change
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ective date, if other than a effective date is listed, the date	must be specific an	d cannot be prior to	date of filing or more	than 90 days after fi	ling.) Pursuant to 605.0207
te: If the date inserted in the cument's effective date on the	ie Department of!	State's records.	ie statutory ming r	equirements, this c	rate will not be fisted as
cord specifies a delayed effe	ective date, but no	t an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
s filed.		$\langle \langle \rangle \rangle$			
red April 5		de sole			
		111111	/		
	Signature ôf a	member of authoriz	ed representative of	a member	
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Filing Fee: \$25.00