118000173280

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	Certificate:	s of Status
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COVER LETTER

	tegistration Sec Division of Corp			
eup irea		lding Sources LLC		
SUBJEC1	ı: <u> </u>	Name of Limi	ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please retu	ırn all correspon	ndence concerning this matter	to the following:	·
		Janibal Vazquez		
			Name of Person	
		Prestige Building Sources	LLC	
			Firm/Company	
		3100 Carter Path		
			Address	
		Oxford, FL 34484		
			City/State and Zip Code	·············
		janibal.vazquez@gmail.con		
		E-mail address: (t	o be used for future annual report notit	ication)
For further	r information co	ncerning this matter, please ca	dl:	
Janibal Va	azquez		305 619-5201	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed i	s a check for the	e 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:

TO:

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prestige Building Sources LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company	were filed on 07/18/2018 and assigned
lorida document number <u>L18000173280</u> .	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	pility company here:
Prestige Building Sources LLC	
he new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	76
Principal office address MUST BE A STREET ADDRESS)	
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	: 0
Mailing address MAY BE A POST OFFICE BOX)	
	er II
If amending the registered agent and/or registered o egistered agent and/or the new registered office address her	
	_
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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	Janibal Vazquez	3100 Carter Path	■ Add
		Oxford, FL 34484	
			Remove
			☐ Change
			□ Remove
			Change
			Remove
			Add OS Remove
			Change
			Add
			☐ Remove
			□ Change
			□ Remove
			☐ Change

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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filin te: If the date inserted in this block does not meet the applicable statutory current's effective date on the Department of State's records.	ng or more than 90 days after filing.) Pursuant to 605.0 y filing requirements, this date will not be listed
Canada y Circuit y Gallo on and Department of Data D vocation.	
record specifies a delayed effective date, but not an effect he 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier
ted August 09) 2018	
Signature of a member or authorized represer	ntative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00