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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Pres	stige Direc Name of Lim	+ Mail Secui	ces LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James	La honte Name of Person	
	Prestige	Direct Mail Firm/Company	Service LECT
	7221 Da	istmouth A Address	ve N
	ST Peters	Du/ q, FL 33 City/State and Zip Code	5710 E 8
	Jbonte E-mail address: (to be used for juture annual report notif	ication)
For further information c	concerning this matter, please ca	all:	
James Name o	Laborte	at (727) 459 Area Code Daytime	-3366 Telephone Number
Enclosed is a check for the	he 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:

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 ARTICLES OF ORGANIZATION **OF**

(A FIORIDA CITITICO)	maconity Company)
The Articles of Organization for this Limited Liability Company Florida document number 1 8 0000 1 8 3 1 5 . 4	were filed on July 3 1 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	FLLC 5. 2
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	33.
(Principal office address MUST BE A STREET ADDRESS)	6: - M
Enter now modify addrage if analigables	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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>	<u>Address</u>	Type of Action
			Add
		□ Remove	
		☐ Change	
			□ Add
		□ Remove	
			Change
			□ Add
		Remove AH Control Control	
			Remove AHA SSEE Add Change ACT ACT ACT ACT ACT ACT ACT AC
		☐ Change	
		□ Add	
		□ Remove	
		Change	
		□ Remove	

). If amending any other information, enter change(s) here: (Attach additional s	heets, if necessary.)
	
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing requided document's effective date on the Department of State's records.	(optional) an 90 days after filing.) Pursuant to 605.0207 (3 airements, this date will not be listed as th
the record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the earlier of:
Dated February 18, 2019.	
Sphalure of a member or authorized representative of a m	nember
Typed or printed name of signee	

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Filing Fee: \$25.00