## 118000 268032

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	<del></del>
(Do	cument Number)	
Certified Copies		Status
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2018 DEC -3 PM 3: 43
SECRETARY OF STATE
TALLAHASSEE



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Prosting enterprise LLC  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:
Name of Person
Prestinge enterprise.LLC
185 edhole (m. Wa)
Rama City Beach F-L 32407 City/State and Zip-Code
E-mail address: To be used for future amuel report notification)
For further information concerning this matter, please call:
Name of Person at (264) 826-7630  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed)  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 TO ARTICLES OF ORGANIZATION OF

FILED

^ / / /	<del>-</del>	SALADEC -3 PM 3: 44
Prestinge Et	Company as it now appears on ou Limited Liability Company)	SECRETARY OF STATE
The Articles of Organization for this Limited Liability Co	1/1	1 2010
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
Florida document number <u>L 18000 26 803 (</u>	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designati	on "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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 of removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
1:MBh	Gloria Mcconn	185 White Cap Way Panama City Beach FL324	ZAdd
		- Deach 1 - Sty	Remove
			Change
			Remove
			☐ Change
			Remove
			🗅 Add
			Remove
			☐ Change
			☐ Remove
			Change
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. 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 90 days after filing.) Pursuant to 605,0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 11   98   30 18
Signature of a member or authorized representative of a member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00