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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

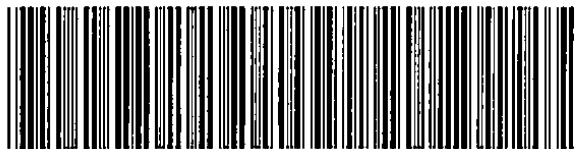
(Business Entity Name)

(Document Number)

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2019 AUG 19 PM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JUL 2019

AUG 2 2 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GOLD PRESTIGE INVESTMENTS, 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:

HANANE KAWWA

Name of Person

GOLD PRESTIGE INVESTMENTS, LLC

Firm/Company

5024 FAWN RIDGE RD

Address

ORLANDO, FL 32824

City/State and Zip Code

hfbeautyworld@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HANANE KAWWA

407

4504560

at ()

Name of Person

Area Code

Daytime 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:
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**

GOLD PRESTIGE INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

The Articles of Organization for this Limited Liability Company were filed on 01/03/2019 and assigned
Florida document number L19000006324

2019 AUG 19 P 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5024 FAWN RIDGE RD

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32824

Enter new mailing address, if applicable:

5024 FAWN RIDGE RD

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32824

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

HANANE KAWWA

New Registered Office Address:

ORLANDO, FL 32824

Enter Florida street address

ORLANDO

City

Florida 32824

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.

Hanane Kawwa
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>	<u>Type of Action</u>
MGR	HANANE KAWWA	5024 FAWN RIDGE	<input type="checkbox"/> Add
		ORLANDO	<input type="checkbox"/> Remove
		FL 32824	<input checked="" type="checkbox"/> Change
MGR	ABDERRAHIM AITBOUKIL	636 STRIHAL LOOP	<input type="checkbox"/> Add
		OAKLAND,	<input checked="" type="checkbox"/> Remove
		FL 34787	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 08/15, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee