

2190000 53454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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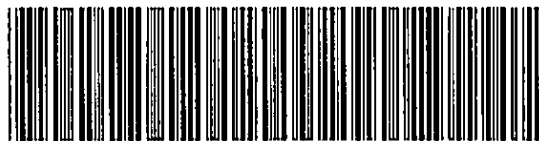
(Business Entity Name)

(Document Number)

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04/27/20--01015--006 **25.00

2020.4.27 PM 9:20

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PrestigeBarb LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jah-Nelle Miller
Name of Person
Prestige Barb LLC
Firm Company
3543 South Federal Highway, Apt B,
Address
Boynton Beach, FL 33435
City/State and Zip Code
k.algermon.miller@gmail.com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Jah-Nelle Miller
Name of Person
561 526-6332
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2020. 11 27 11 9:20

PrestigeBarb LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/25/2019 and assigned
Florida document number L19000053454

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:

(Principal office address MUST BE A STREET ADDRESS)

3543 South Federal Highway

Apt B

Boynton Beach, FL 33435

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3543 South Federal Highway

Apt B

Boynton Beach, FL 33435

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:

Jah-Nelle Miller

New Registered Office Address:

3543 South Federal Highway, Apt B

Enter Florida street address

Boynton Beach

City

Florida 33435

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>	<u>Type of Action</u>
Mgr	Jah-Nelle Miller	3543 South Federal Highway	<input type="checkbox"/> Add
		Apt B	<input type="checkbox"/> Remove
		Boynton Beach, FL 33435	<input checked="" type="checkbox"/> Change
Mgr	Kenneth Miller	3543 South Federal Highway	<input checked="" type="checkbox"/> Add
		Apt B	<input type="checkbox"/> Remove
		Boynton Beach, FL 33435	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> 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: _____ (optional)

(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 (3)(b)

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.

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

04/14/2020

John-elle Miller
Signature of a member or authorized rep

Signature of a member or authorized representative of a member

Jah-Nelle Miller

Typed or printed name of signee