## 119000088739

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Only out of Early)
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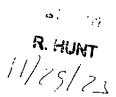


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## **COVER LETTER**

Division of Co				
SUBJECT:	Prestige L Name of Lim	and TRUST Lited Liability Company	Lc	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	REGLI	ALI Name of Person  Gennect Firm/Company		
	767 Blan	ding Blud +	± 11017	
	ORANGE PA ALIFRAN K E-mail address: (	City/State and Zip Code  O76 & Gmail to be used for future annual report noti	Com	2023 6 01 0
For further information of	concerning this matter, please co	all:		Ġ.
FNAV K	of Person	at $\frac{90 \times}{\text{Area Code}}$ ) Daytim	e Telephone Number	: U
Enclosed is a check for t	he following amount:			
S S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end	us &
Mailing Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of T	porations	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(75 Total Dillion Di	(activity (configuraty)	
The Articles of Organization for this Limited Liability Company v Florida document number $L19000088739$ .	were filed on $\frac{04/01/20}{}$	19 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile  ALLIANCE General A  The new name must be distinguishable and contain the words "Limited Liability".		ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	767 Blanding DRANGE PARK I	Blud 110A FL, 32065
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Same	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:		<u>.</u>
Name of New Registered Agent: BEAC  New Registered Office Address: 267 BI	Enter Florida street address  PARIC Florida  City	L <
ORMUS	PARIC . Florida	32065 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>	Name	Address	Type of Action
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		ORange PARK FL, 32065	□Remove
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i effective date i <b>te:</b> If the date	f other than the dat s listed, the date must be inserted in this block tive date on the Depar	specific and cannot be does not meet the ap	prior to date of filing opplicable statutory t	(option or more than 90 days after filing requirements, this	iling.) Pursuant to 605,020
cord specifies s filed.	a delayed effective da	ite, but not an effecti	ve time, at 12:01 a.	m. on the earlier of: (b)	The 90th day after the
ed <u>1</u> —	12			itive of a member	