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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

	egistration Se ivision of Cor				
SUBJECT		R Vacation Rentals & Property	Management, LLC		
SUBJECT	•	Name of Lim	ited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspo	ondence concerning this matter	to the following:		
		Andrea Erhard			
			Name of Person		
		Prestige VR Vacation Ren	tals & Property Management, LLC		
			Firm/Company		
		2916 SW 16th Pl.			
			Address		
		Cape Coral, FL. 33914			
			City/State and Zip Code		
		Andrea@prestigevrhomes.c			
		E-mail address: (to be used for future annual report no	tification)	
For further	information c	oncerning this matter, please ca	all:		
Andrea Erhard		239 560-6292 at ()			
Name of Person		Area Code Daytir	ne Telephone Number		
Enclosed is	s a check for th	ne 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:		Street Address:			
Registration Section Division of Corporations		-	Registration Section Division of Corporations		
	O. Box 632		The Centre of	-	
Tallahassec, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prestige VR Vacation Rentals & Property Management, 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 Sept. 5, 2019 and assigned Florida document number L19000225400 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

, Florida

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
AMBR	Charles Jones	4207 SW 18th Ave	□Add
		Cape Coral, FL. 33914	■Remove
			□Change
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