119000249117

(Req	uestor's Name)	
	·	
(Addi	ress)	
(Addı	ress)	
(City)	State/Zip/Phone	<u>#)</u>
(01.),	Otate/Elpir Hone	" ,
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Name	e)
(Doci	ument Number)	
Certified Copies	Certificates	of Status
,		
Special Instructions to Fi	iling Officer:	

Office Use Only



300337424013

12/06/19--01019--007 **25.00



O SIMMONS

JAN 1 0 2020

COVER LETTER

	Registration Se Division of Cor			
erib ira:	Prelude LL	(*		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Brian Ramsey		
			Name of Person	
		Prelude LLC		
			Firm/Company	
		7749 SW Ellipse Way		
			Address	
		Stuart, FI 34997		
		Ashley@Sequelglass.com	City/State and Zip Code	
			to be used for future annual report no	tification)
For furthe	er information co	oncerning this matter, please ca		
Ashley B			561 654-4599 at ()	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	0 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, Ft. 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

Prelude LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our recor Liability Company)	<u>(18.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 10/02/2019	and assigned
Florida document number L19000249117		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abhres into " .C."
Enter new principal offices address, if applicable:	7749 SW Ellipse Way	自然 图
(Principal office address MUST BE A STREET ADDRESS)	Stuart, Fl 34997	
Enter new mailing address, if applicable:	7749 SW Ellipse Way	S 3: 0
(Mailing address MAY BE A POST OFFICE BOX)	Stuart, Fl 34997	(T) 00
B. If amending the registered agent and/or registered o		ds, enter the name of the nev
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent: Brian R Ramse	ey .	
New Registered Office Address: 1921 SW Panth		
	Enter Florida street addre	PW
Stuart	, F	lorida <u>34997</u>
	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.

M Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

1 :

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	Ashley Brady	7749 1685 NE Darlich Ave Jensen Beach, Fl 34957	■ Add
			☐ Remove
			☐ Change
MGR	Brian Ramsey		Add
			☐ Remove
		1921 SW Panther Trace Stuart, F1 34997	☐ Change
			SECRETALIA
			Change Change Change
			Change
			□ Remove
			☐ Change
			Add
			Remove
			Change

		<u>-</u>			
				<u> </u>	
					2019 DEC SECRE
			<u> </u>		RE PEC
					4 - 6
					C-6 PM 3:
					
	<u></u>				F60
					_
		· 			
ffective date, if other than (an effective date is listed, the date	nust be specific an	d cannot be prior		more than 90 days afte	
ote: If the date inserted in this ocument's effective date on the	block does not in Department of S	meet the applica State's records.	ible statutory fil	ng requirements, th	is date will not be listed as
e record specifies a delay The 90th day after the r			t an effective	time, at 12:01	a.m. on the earlier o
December 3		2019			
			<u> </u>		
				>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00