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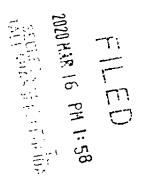
(Re	questor's Name)	
(Ad	dress)	
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PIÇK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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MAR 1 7 2020 I ALBRITTON

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: PRES	TIGE GENERAL Name of Lin	CONTRACTORS LL nited Liability Company	C
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>CIRUZNIZ</u>	SARDINHA Name of Person	
		Firm/Company	
	3370 BBAU	RIVAGA DRIVE #	B-1
	POMPANO BEA	CH FL, 33064 City/State and Zip Code	
		ESTIGEGROUP ENTRE to be used for future annual report not	PRISES, COM
For further information c	oncerning this matter, please c		
CIKISNE Name o	SARDINHA Person	at (<u>954</u>) <u>274</u> – Area Code Daytin	9912 ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2020

CIRLENE SARDINHA 3370 BEAU RIVAGE DR #B2 POMPANO BEACH, FL 33064

SUBJECT: PRESTIGE GENERAL CONTRACTORS LLC

Ref. Number: L20000019396

We have received your document for PRESTIGE GENERAL CONTRACTORS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You failed to sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 120A00004998

Irene Albritton Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0	F Post	//
Name of the Limited Liability Compar (A Florida Limited L.	The Courte of th	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
The Articles of Organization for this Limited Liability Company Florida document number 498000019396.	were filed on $0//13/2020$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
PRISTIGE GROUP ENTERPRISES	s lic	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	3370 BEAU RIVAGE DR. # B.2 POMPANO BEACH FZ 33064	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3370 BEAU RIVAGE DR. # BZ POMPANO BEACH. FC, 53064	- - -
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new regist</u>	<u>ered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	_
	, Florida	
	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.

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:

MCR =	Manager	
to City	Manager	
AMRR =	Authorized Member	
APILIPIA -	- Addiolized Member	

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		-	□Remove
			Change
		 -	□Add
		-	Remove
			□Change
		-	□Add
			□Remove
			□Change
			□Add
		□Remove	
		□ Change	
	•		□Remove
			□Change

If ame	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
ord is fi	
Dated	2/5/2020 Cirlu7Sordulio
	Signature of a member or authorized representative of a member
	CIRLISMIR SARDINHA Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00