L2000034459

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A. RIVERS MAY 2 3 2023

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: PC	Name of Lim	ited Liability Company	LLC
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	_Miche	Name of Person)
		Firm/Company	
	2940 Ke	2118 Riolge	Lane
	TAMPA Mileau E-mail address (City/State and Zip Code O D D O D O D O D O D O D O D O D O D	ication)
For further information con	ncerning this matter, please ca	all:	
Name of	e Hilent	at (813) Area Code Daytimo	Telephone Number
Enclosed is a check for the	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 Addrace		Strong Address	

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

PREHTY N PRIVI	legien, LLC
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 12000039459	y were filed on $\frac{20220}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ESTATE, I.LC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2940 Helly Ridge Land TAMPA FL 33604
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	Chelle Hilering "
New Registered Office Address:	Enter Florida Greet address
Tam	Photogram Street dataress Photogram Street dataress Florida 3504 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 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
CEU	-Michelle Hilery	2940 Helly Rid	gentano
		TAMPA FL 33604	□Remove
			Clehange
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			Change
		·	□Add
		<u> </u>	Remove
			□Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	N/A
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(If an eff Note:	ve date, if other than the date of filing: NACH 29 (optional) ective 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)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the recor	d 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 ed.
Dated	March 29,2023
	Signification of a member or authorized representative of a member
	MIChelle Allen. Typed or printed name of signee