## L200000 54576

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone #	<i>t</i> )		
PICK-UP	WAIT	MAIL		
(Ви	siness Entity Name	)		
(Document Number)				
Certified Copies	_ Certificates o	f Status		
Special Instructions to	Filing Officer:			





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R. WHITE

NOV 23 2020



November 9, 2020

JENNYFER TORRES PRESTIGE PAVERS AND DESIGNS LLC 707 SW 13 TERRACE CAPE CORAL, FL 33991

SUBJECT: PRESTIGE PAVERS AND DESIGNS LLC

Ref. Number: L20000054576

We have received your document for PRESTIGE PAVERS AND DESIGNS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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: 720A00022373

Shelia S Young Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations						
	E PAVERS AND DESIGNS LL	.c				
SUBJECT:Name of Limited Liability Company						
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.				
	ondence concerning this matter					
Trease return an corresp	ondence concerning this matter	to the following.				
	JENNYFER TORRES					
		Name of Person				
	PRESTIGE PAVERS ANI	D DESIGNS LLC				
	Firm/Company					
	707 SW 13 TERR					
		Address				
	CAPE CORAL, FL 33991					
		City/State and Zip Code				
	PRESTIGEPAVERS20@G					
	E-mail address: (	to be used for future annual report no	outication)			
For further information	concerning this matter, please c	all:				
JENNYFER TORRES		239 292-6633 at ( )				
Name	of Person	Area Code Dayt	ime 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
✓ <u>Mailing Address:</u> Registration Section		Street Address: Registration S	Section			
Division of Corporations		Division of Corporations The Centre of Tallahassee				
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PRESTIGE PAVERS AND DESIG	INS ELC		<del>- 20 - Fit   t</del> + 57
(Name of the Limi	ted Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
the Articles of Organization for this Limited L	iability Company were filed	on <u>02/18/2020</u>	and assigned
lorida document number L20000054576	·		
his amendment is submitted to amend the fol	lowing:		
a. If amending name, enter the new name o	of the limited liability compa	any here:	
he new name must be distinguishable and contain the	words "Limited Liability Company	"," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
•			
<u>Principal office address MUST BE A STREE</u>	<u></u>		
Principal office address MUST BE A STRE			
<u>Principal office address MUST BE A STRE</u>			
Enter new mailing address, if applicable:			
Enter new mailing address, if applicable:			
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>	<u></u>		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and/or	E BOX)  registered office address on	our records, enter the	name of the new registe
Enter new mailing address, if applicable:	E BOX)  registered office address on	our records, enter the	name of the new registe
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or gent and/or the new registered office addre	E BOX)  registered office address on	ı our records, <u>enter the</u>	name of the new registo
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and/or gent and/or the new registered office address and the Name of New Registered Agent:	registered office address on ess here:  ROBERTO TORRES	ı our records, <u>enter the</u>	name of the new registe
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and/or agent and/or the new registered office address	registered office address on ess here:  ROBERTO TORRES 707 SW TERR	our records, enter the	name of the new registe
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and/or agent and/or the new registered office address agent.  Name of New Registered Agent:	registered office address on ess here:  ROBERTO TORRES 707 SW TERR	nter Florida street address	name of the new registe

## 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>	<u>Name</u>	<u>Address</u>	Type of Action
V	ROBERTO TORRES	707 SW 13 TERR CAPE CORAL, FL 33991	<b>=</b> Add
			□Remove
			Change
	<del></del>		□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
		🗆 Remove	
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 11/12/2020 (If an effective date is listed, the date served by (optional) (If an effective 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member or authorized representative of a member