

L20000067003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

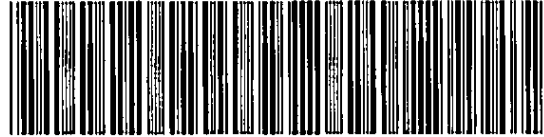
(Business Entity Name)

(Document Number)

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06/01/20--01022--003 **25.00

20 JUN -1 AM 9:25

JUN 19 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: (conciierge)
Prestige Conciierge and Post Op Consulting
of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Otero
Name of Person

Prestige Conciierge and Post Op Consulting
Firm/Company

10826 SW 240th Street
Address

Homestead, Florida 33032
City/State and Zip Code

info@prestige postop.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Otero at (770) 873-5826
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

20 JUN - 1 AM 9:25

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

Prestige Concierge and Post OP Consulting
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

20 JUL -1 4:49:25

The Articles of Organization for this Limited Liability Company were filed on 2/4/2020 and assigned Florida document number (stated New next to document number)

This amendment is submitted to amend the following:

Tracking number + 200340242222
Approval code + 272W05

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 "L.L.C."

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:

Hassandra Aldana

New Registered Office Address:

10836 SW 245th Street

Enter Florida street address

Homestead

City

Florida

33032

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.

Hassandra Aldana

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>	<u>Type of Action</u>
AMBR	Kassandra Aldana	10826 SW 240 th Street Homestead, FL 33032	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kyla Stobbes	10826 SW 240 th St. Homestead, FL 33032	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Karla Argueta	10836 SW 245 th St. Homestead FL 33032	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Maria Otero
Signature of a member or authorized representative of a member

Maria Otero
Typed or printed name of signee