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C. SIMMONS

COVER LETTER

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GE LOFESTYLE	LOCAG, LLC	
Name of Lim	ited Liability Corhpany	
amendment and fee(s) are sub-	mitted for filing.	
dence concerning this matter	to the following:	
JASHA	SOARKS	
Preside Like	Name of Person BYLE DIAG LLC Firm/Company	~
1866 NW	46 ST Address	······
MAMI, FL	City/State and Zip Code	
CHARLEST E-mail address: (i	YLEI TITUGLUGGO to be used for future annual report notific	MAL.COM
neerning this matter, please co	all:	
YS Person	at (<u>HL)</u> <u>357 - (</u> Area Code Daytime	OGS Telephone Number
e following amount:		
\$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)
<u>:</u> ection	Street Address: Registration Sect	ion
orporations	Division of Corpo	
	Mane of Lim Amendment and fee(s) are sub- dence concerning this matter AMA AMA AMA AMA AMA AMA AMA A	Name of Limited Liability Corpany Amendment and fee(s) are submitted for filing. Idence concerning this matter to the following: Aparts

P.O. Box 6327

Tallahassee, FL 32314

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**

PRESTIGE LIFESTYLE LIV	TNG, UC 2020 Hai 19 Fil 6: 50
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company),
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup_{000} \) \(\bigcup_{000} \) \(\bigcup_{0000} \).	were filed on 4 30 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:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1866 NW 46 ST
(Principal office address MUST BE A STREET ADDRESS)	mpame FL 33142
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	936 SW 1 ST AVE PMB 205 MDAMI, FL 33130
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the name of the new registered
Name of New Registered Agent:	-A/A
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:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address 2020 H. 7 19 Pil 6: 50	Type of Action
			□Add
			□Remove
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an effect lote:	e date, if other than the date of filing:
record i is file	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 d.
1 12 1116	
	5/18/2020
	Signature of a member of authorized representative of a member