120000124517

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| (| | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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SECRETARY OF STATE



COVER LETTER

| TO: | Registration Sec Division of Corp | | | | |
|---|--------------------------------------|--|--|---------------------|---|
| O | | & PARTNERS LLC | | | * |
| SUBJE | (.1: <u></u> | Name of Limi | ted Liability Company | | |
| The enc | closed Articles of a | Amendment and fee(s) are sub- | nitted for filing. | | |
| Please r | eturn all correspo | ndence concerning this matter t | o the following: | | |
| | | Angela Prescott | | | |
| | | | Name of Person | | |
| | | | Firm/Company | | _ |
| | | 1017 Adeline Ave | | | |
| | | | Address | | |
| | | Lehigh Acres, Fl 33971 | | | |
| City/State and Zip Code | | | | | |
| | | mrsangelaprescott@gmail.c | om to be used for future annual rep | on notification) | |
| For furt | ther information c | oncerning this matter, please co | | , | |
| Angela | Prescott | | 239 826.6. at () | 302 | |
| | Name o | f Person | Area Code | Daytime Telephon | e Number |
| Enclose | ed is a check for th | he following amount: | | | |
| ■ \$23 | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Addres | | Street Add Registrati | ress: on Section | |
| Registration Section Division of Corporations | | Division of Corporations | | | |

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our re- liability Company) | cords.) | |
|--|---|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L20000124517</u> . | were filed on 05/07/2020 | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| Prescott, Diaz & Partners LLC | | | |
| 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: | 4519 Lee Blvd | | |
| (Principal office address MUST BE A STREET ADDRESS) | Lehigh Acres, Fl 33971 | 202 SE | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>er</u> | TAHAS SEE 50. 20 Iter the name of the new regi | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida street ac | ddress | |
| | , Florida | | |
| | City | Zip Code | |
| | | | |

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) arthorized 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 | <u>Address</u> | Type of Action |
|--------------|---------------|--------------------------------------|----------------|
| MGR | Marizela Diaz | 4519 Lee Blvd Lehigh Acres. FL 33971 | |
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