Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: TAX ZONE INC.

Account Number : I20190000044

Phone

: (407)888-3131

Fax Number

: (888)453-0509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: GCCounton T @ taxzone FL. Com

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TRASFORMARE LLC

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K. SALY

JAN 21 2022

TO:

Registration Section

Tallahassee, FL 32314

COVER LETTÉR

4220066268943

Division of Co	rporations		
TRASFOR	MARE LLC		
SUBJECT:	Name of Person Area Code Daytime Telephone Number a check for the following amount:		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LETICIA M MORALES		
		Name of Person	
	***	Firm/Company	
	107 BRETT CT	Name of Limited Liability Company nent and fee(s) are submitted for filling. concerning this matter to the following: ICLA M MORALES Name of Person Firm/Company BRETT CT Address TENPORT, FL 33837 City/State and Zip Code "MORALESRE@GMAIL.COM E-mail address: (to be used for future annual report notification) g this matter, please call: at (407	
		Address	
	DAVENPORT, FL 33837		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti-	fication)
For further information of	concerning this matter, please c	all:	
LETICIA M MORALES	E		
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration 1			ction
Division of C		-	
P.O. Box 632			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H2200 FOLLAHASSITE FLURION

TRASFORMARE LLC

Page: 6 of 8

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 10/26/2020	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
PRESTIGE INVESTORS GROUP LLC				
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC	" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2142 BLACKSTONE LANDI	NG DR		
Florida document number L20000340636 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited PRESTIGE INVESTORS GROUP LLC The new name must be distinguishable and contain the words "Limited It 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 off agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent and provisions of all statutes relative to the proper and comparations of all statutes relative to the proper and comparations.	KISSIMMEE, FL 34758			
				
• • • • • • • • • • • • • • • • • • • •	2142 BLACKSTONE LANDING DR			
	KISSIMMEE, FL 34758			
	iddress on our records. enter	the name of the new registered		
No. 10 Count Office Address.				
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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f an effective date is liste Note: If the date insert locument's effective of	ted in this block late on the Depa	does not meet the riment of State's r	ecords.	ork timig tedantem	ents, this date	Will hot by he	V- 0.2
record specifies a de	ayed effective d	ste, but not an effe	ective time, at 12:	01 a.m. on the earli	er of: (b) Th	e 90th day afte	r the
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Dated			·				
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