2100008358

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SECTION OF STATE

FILED

COVER LETTER

	Registration Se Division of Cor				
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auniec.	· l i ,	Name of Lim	ited Liability Company		_
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Danaliz Ardila			
			Name of Person		
			Firm/Company	_	
		75 Ne 214th St			
		Address			
		Miami, Florida 33179			
			City/State and Zip Code		
		Info@prestigealliance.org	to be used for future annua	I report polification)	
For furth	er information c	oncerning this matter, please of		терысполнения	
Danaliz				09-0307	
	Name о	f Person	Area Code	Daytime Telephone Nu	nber
Enclosed	l is a check for th	ne following amount:			
■ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is er	Certi	O Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
	Mailing Addres Registration 3		<u>Street A</u> Registr	address: ration Section	
	Division of C		-	on of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIZFIT ANGELZ		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Jability Company)	<u>(s.)</u>
The Articles of Organization for this Limited Liability Company Florida document number 1.21000008358	were filed on 12/30/2020	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:	
Prestige Alliance Enterprise LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	66 West Flagler Street	2023 SEC FA
(Principal office address MUST BE A STREET ADDRESS)	Suite 900	
	Miami, FL 33130	<u> </u>
Enter new mailing address, if applicable:	66 West Flagler Street	AT 9 SSEE
(Malling address MAY BE A POST OFFICE BOX)	Suite 900	<u> </u>
	Miami, FL 33130	III.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter</u>	the name of the new registered
	Enter Florida street addres	rs -
		orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being 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 Cha	nging Registered Agent, Signature	of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			[C]Add
			□Remove
			Change
			□Add
			□Remove
			□Add
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ctive date, if other than the effective date is listed, the date must at If the date inserted in this bloment's effective date on the De	be specific and cannot be pock does not meet the ap	rior to date of filing or plicable statutory fil	(option more than 90 days after ing requirements, this	nal) Hing.) Pursuant to 605,020 date will not be listed a
ord specifies a delayed effective filed.	date, but not an effective	ve time, at 12:01 a.n	on the earlier of: (b)	The 90th day after th
February 6	2023			
f) 1	<u></u>	·		
MANULA	Signature of a member or a			

Filing Fee: \$25.00