

K21000021740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

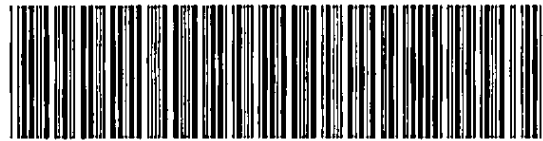
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

8/31/21
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04/28/21--01007--003 **25.00

Rec'd on 4-26-21

21 JUL 14 PM 2:50



Cover Letter

To whom it may concern,

I am writing this cover letter to file my amended Articles of Organization. I would like to change the following information:

- Remove Sasha Pitta's title of "P" for President
- Add Sasha Pitta's title as "AMBR" for Active Member
- Add the company EIN number

If you have any questions regarding these changes, you can reach Sasha Pitta at the following:

Daytime Phone Number

561-465-6996

Return Mailing Address

3359 Amberjack Road
Lake Worth, FL 33462

Thank you,

A handwritten signature in black ink, appearing to be "Sasha Pitta", written over a horizontal line.

Sasha Pitta

RECEIVED
APR 26 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Prestige Admin LLC

Name 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:

Sasha Pitta

Name of Person

Prestige Admin LLC

Firm/Company

3359 Amberjack Road

Address

Lake Worth, FL 33462

City/State and Zip Code

sashapitta@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sasha Pitta

561 465 6996
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$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)

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

RECEIVED
JUL 14 2021

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

21 JUL 14 PM 2: 50

Prestige Admin LLC

(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 January 1, 2021 and assigned Florida document number L21000021740.

This amendment is submitted to amend the following:

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:

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 = Manager
AMBR = Authorized Member

21 JUL 14 PM 2:50

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Sasha Pitta	3359 Amberjack Road	<input type="checkbox"/> Add
		Lake Worth, FL 33462	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sasha Pitta	3359 Amberjack Road	<input checked="" type="checkbox"/> Add
		Lake Worth, FL 33462	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D: If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I have a IRS EIN Number as well. Please add it to my file:

EIN: 86-1221135

21 JUL 14 PM 2:50

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 4.16.21 (optional)

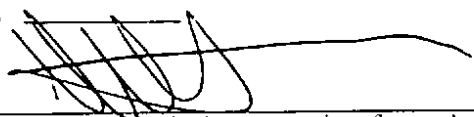
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated April 16

2021



Signature of a member or authorized representative of a member

Sasha Pitta

Typed or printed name of signee