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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Only State 2 pri Holle #)
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(Document Number)
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	ition Section of Corpor				
SUBJEÇT: <u>7</u>	P (2-51)	ge Recul State Name of Lim	Dave (Bp wen) ited Liability Company	t LLC	
The enclosed Arti	icles of Am	endment and fee(s) are sub	mitted for filing.		
Please return all c	orresponde	nce concerning this matter	to the following:		
		Pable L	Name of Person		
			Firm/Company		
		9 8 30 N	W74thterrace	<u>, </u>	
	-	Prestige E-mail address:	33 78 City/State and Zip Code Yead estate down to be used for future annual report n	e lopmenta gmail. Co.	u
For further inform	nation conc	erning this matter, please ca			
Pablo	Name of Pe	UR Sa	at (<u>754</u>) <u>80</u> Area Code Days	y / 76/ ime Telephone Number	
Enclosed is a chec	ck for the fo	ollowing amount:			
S25.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

02/15/2021

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

New Registered Agent's Signature, if changing Registered Agent:		•
	City	Zip Code
	, Florida _	1-
	Enter Florida street address	
New Registered Office Address:		·
Name of New Registered Agent:		<u> </u>
agent and/or the new registered office address here:		-
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered
		
(Mailing address MAY BE A POST OFFICE BOX)		
" · ·		
Enter new mailing address, if applicable:		
		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable:		
	and the second management of the second manage	micration 1tC.
The new name must be distinguishable and contain the words "Limited Liabil	It. VI. PLOT ME TO TALL Ity Company "the designation "LLO" or the al	phroviation "L.I.C."
A. If amending name, enter the new name of the limited liab PRESTIGE REALESTATE [ility company here:	
· ·		
This amendment is submitted to amend the following:		
Florida document number <u>L 21000 122 140</u>		
The Articles of Organization for this Limited Liability Company	were filed on OS/ 13/002	and assigned

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□Remove
			☐ Change
			□Add
		***************************************	□Remove
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E. Effectiv	e date, if other thar	the date of filir	ng:		(option:	al)
Note: 1		is block does not	meet the applicabl			ing.) Pursuant to 605,0207 (3 ate will not be listed as the
f the record ecord is file		ective date, but no	ot an effective time	, at 12:01 a.m. on the	earlier of: (b)	The 90th day after the
Dated _						
		C.E.	to 1000			
		Signature of a	member or authoriz	ed-representative of a n	nember	
		¥/	ado llovo	2 rc~		

Typed or printed name of signee