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## **COVER LETTER**

Division of Corporations	
SUBJECT: Prestige Regl Estate Dovelopment, 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:	
Pablo LLOVERA  Name of Person  Real Cstate Development  Film/Company	LLC
9880 NW 74Th Torrace Address  Doral Florida / 33178  City/State and Zin Code	
Prestice real estate Developmet Demail. COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Pablo Llovera at (754) 801-1701 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  Certified Copy (additional copy is enclosed)	
Mailing Address:  Registration Section  Registration Section  Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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 OF

Preslige Keal Estate Don	velopment, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>보기이이에 [</u> 72 14 <u>0</u> .	were filed on <u>03/15/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  Prestice Construction  The new name must be distinguishable and contain the words "Limited Liabi	La LLC.	e abbreviation "LTC"
Enter new principal offices address, if applicable:		The state of the s
(Principal office address MUST BE A STREET ADDRESS)		g 2
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Enter new mailing address, if applicable:		00 TO 11
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	•	<del></del>
New Registered Office Address:		
	Enter Florida street address	<del></del>
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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