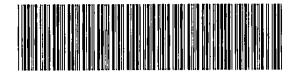
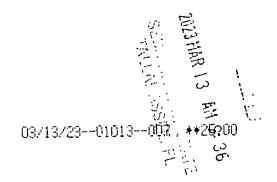
## LZ1000167553

(Requestor's Name)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Se Division of Cor				
	ESTIGE HOME BUILDER. LI	.C.		
SUBJECT:	Name of Line	ned Liability Company		
The analogod Artiolog of	Amendment and fee(s) are sub	witted for filing.		
Please return an correspo	ndence concerning this matter	to the following.		
	MICHEL GUINART			
		Name of Person		
	A & M PRESTIGE HOME	BUILDER, LLC.		
		Firm Company		
	215 SE 23TH ST		SECULIAR 13	
		Address		
	CAPE CORAL, FL 33990			
		City/State and Zip Code	20 C	ب
	ANIATRP@HOTMAIL.CO	)M to be used for future annual report not	بالمناب المسلم	(
For further information of	oncerning this matter, please c	•	,	
	oncerning this matter, preuse e	239 229-9822		
MICHEL GUINART		at ()	ne Telephone Number	
Name o	f Person	Area Code Daytin	te Tetephone Number	
Enclosed is a check for the	ne 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		<u>Street Address:</u> Registration Sc	vetion	
Registration ! Division of C		Division of Co		
P.O. Box 632	27	The Centre of	Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability CA Florida Li	Company as it now appears on our records mited Liability Company)	2)
The Articles of Organization for this Limited Liability Con	npany were filed on	and assigned
Florida document number 1.21000167553		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
A & M PRESTIGE CONSTRUCTION, LLC.		(A) (M)
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		ALL HAR
Principal office address MUST BE A STREET ADDRES	SS)	
		() P 1.
Enter new mailing address, if applicable:		7 3
Mailing address MAY BE A POST OFFICE BOX)		(דן <u></u>
3. If amending the registered agent and/or registered or seent and/or the new registered office address here:	ffice address on our records, <u>enter t</u>	he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			☐ Change SEC. ☐ Add R 13.1 ☐ Remove
			□ Change
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Effective date, if other the fan effective date is listed, the content of the date inserted in locument's effective date or	late must be spec this block doc	f filing: affic and cam is not meet	not be prior to the applica	o date of filin ble statutory	g or more the	in 90 days afte	ional) er filing.) Pursu iis date will no	ant to 605.02 of be listed :
record specifies a delayed of is filed.	effective date,	out not an c	effective tin	ne, at 12:01	a.m. on the	earlier of: (	b) The 90th	day after th
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Filing Fee: \$25.00