# h21000184792

(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:

Office Use Only



300377653333

12/10/21--01023--011 \*\*60.00



A. RIVERS
JAN 1 1 2022



## RECEIVED

### 2022 JAN 10 PM 3: 17

Letter Number: 821A00030892

# FLORIDA DEPARTMENT OF STATE Division of Corporations TALLAHASSEE, FL

December 22, 2021

ANNETTE ABEL 90 SW 3RD STREET # 3014 MIAMI, FL 33130

SUBJECT: CA PRESTIGE OPTICAL DISTRIBUIDORS LLC

Ref. Number: L21000184792

We have received your document for CA PRESTIGE OPTICAL DISTRIBUIDORS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

www.sunbiz.org

### **COVER LETTER**

Division of Corpo	rations		
SUBJECT:	restige Name of Limi	Optical District District Company	ibuidors, L.L.
The enclosed Articles of Ar	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Annette	2 Abel	
	C 1 =	Name of Person	
	CH Prestig	e Optical Dist	ribuitors, LLC
	90 SW 3	rd Street # 3	3014
	Minning	FL 33130 City/State and Zip Code	
	E-mail address: (t	UZ3 Q Vahor o be used for future annual report notif	)· Com
For further information con	cerning this matter, please ca	ıll:	
Annette Ab	erson	at 305 785	For Telephone Number
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:		Street Address:	.tio

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

("H Prest Se Upt	heal Astribuidere, LLC
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Compared to the Florida document number 121000184	Company were filed on 4 21 21 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim  The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2259 NW 20th St
(Principal office address MUST BE A STREET ADDI	RESS) MIAMI, 1 DOIGE
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Same as Abone
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new registered
Name of New Registered Agent:	Annette Abel
New Registered Office Address: 2	Finter Florida street address
	City Florida 334 52

#### 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 Type of Action **Title** Name. 90 8W. 3rt st #3014 DAdd Annelle Abel Ditemove Manager (change to Manager) Anneta Abel □Remove □Change Juan Cortes  $\square$ Add Change to Mall. Schange

 	18 GRADGEN	Ambr.	) Dykdd
			□Remove
			_ □Change
 		· · ·	_ 🗆 Add
			_ □Remove
			_ □Change
 <del></del>	<del></del>		_ □Add
			_ □Remove

Change

If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	orrecting the "Distribuidors" on
	empany Name to ! Distibutors!
	erritary recree to or situations;
7	hansing Little for Annette Adel
د.	From Pr.S to Manager
$\overline{C}$	hanging Juan Cortes from VP
	to "Authorized Momber
<del></del>	
If an effective of Note: If the	te, if other than the date of filing:
e record spec rd is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	1-3 2022
_	Signature of a member or authorized representative of a member
	Donath Abol
_	Typed or printed name of signee

Filing Fee: \$25.00