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	TO: Registration Section Division of Corporations		
	Prestige Adult Care Services, LI C		
	SUBJECT:	ELiability Company	
	The enclosed Articles of Amendment and fee(s) are submit	ned for filing.	
	Please return all correspondence concerning this matter to	the following:	
:	Tonya McMillon		
		Name of Person	
	Prestige Adult Care Services.	. LLC	
		Firm/Company	
_	4415-C Constitution Lane #3	143	
:		Address	
	Marianna, FL 32448		
		City/State and Zip Code	
	Prestigeadultservices@gmail.e E-puil address: (10		
•	For further information concerning this matter, please call	15	
	Tonya McMillon	850 556-8454 at ()	C)
	Name of Person	Area Code Daytime Telephone Number	· · · · · · · · · · · · · · · · · · ·
	Enclosed is a check for the following amount:		>
	■ \$25,00 Filing Fee □ \$30,00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of re tatus &
	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 & Tallahassee, FL 32303	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prestige Adult Care Services, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>1.21000199320</u> . This amendment is submitted to amend the following:		_ and assigned
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	The Community of the Local State of the Community of the	
The new name must be distinguishable and contain the words. Limited Liabi	my company, the designation "LLC or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	4415-C Constitution Lane #343	
(Mailing address MAY BE A POST OFFICE BOX)	Marianna, FL 32448	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:				(';)
New Registered Office Address:				4.14
	Enter Flor	ida street address	, ÷	`+ •
		Florida		
	Ciny		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. Thereby 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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
Manager	Luciana Pittman	1451 Griff Street, Chattahoochee, FL 32448	■Add
			Remove
			Change
			□Add
			Remove
			□Change
		<u> </u>	🗆 Add
		······	□Change
			CD
			$\frac{\sum_{i=1}^{n} \Box Change}{\sum_{i=1}^{n} \Box Add}$
			🗆 Remove
			Change
			🗆 Add
		······	
			🗆 Change

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	>	
ive date, if other than the date of filing:		7

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

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E. E (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 005.0207 (3)(b) <u>Note:</u> 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 12:03 a.m. on the earlier of: (b) The 90th day after the record is filed

July, 15		
Lu	Signature of a member of authorized representative of a member	
vr=	Signature of a member of authorized representative of a member	
Luciana Primi n		
	Typed or printed name of signer	