121000199320

(Requestor's Name)				
(Address)				
(Address)				
(Addless)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Duningan Fatib. Nama)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300387931853

05/24/22--01016--012 **25.00



COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	25tige Adult Name of Limit	Services Lied Liability Company	<u>LC</u>
The enclosed Articles of Art	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Tony	19 Mc Millo ~	
		Firm/Company	
	4471 Clin	1 ton St Address	
-	Marianna Prestige E-mail address (to	City/State and Zip Code 2 Odul + Services D b be used for future annual report notifi	gmail.com
For further information conc	erning this matter, please cal	d:	
Tonya Ne Name of Pe	<i>M</i> ,//c ~	at (<u>850</u>) <u>699 - C</u> Area Code Daytime	1492 Telephone Number
Enclosed is a check for the f	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 **OF**

FILED

2022 HAY 24 AM 11: 35

Prestige Adult S	RYVICES LLC SECRETARY OF STATE
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v	vere filed on April 29, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile The structure Adult Services and The new name must be distinguishable and contain the words "Limited Liability".	Healthcare training LLC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ldress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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 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 = M $AMBR = M$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
		•	Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove

_____ Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessar	(יַתְּ
	Only amending the business name from	Λ
_	Prestige Adult Services LLC to Pres	4100
_	Adult Services and Healtheare Training	110
-	17 Luit Service Ope Maithlere Training	ny LLC.
_		
_		
-		
-		
-		****
_		7077 SE
		ACCE ACCE
-		子 2
-		- 5
_		SEE SEE
		严级
_		(1
_		
_		
_		
(If an effi	ve date, if other than the date of filing:	g.) Pursuant to 605.0207 (3)
the record cord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Ted.	he 90th day after the
Dated	May 16, 2022.	
	Signature of a member or authorized representative of a member	
	Tonya Mc. Millow Typed or printed name of signee	

Filing Fee: \$25.00