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FILED 2022 DEC 28 AM 9: 27 SECTIVITY OF STAT

COVER LETTER

TO: Registration Se Division of Cor			
	bradisc Rentaliz	110	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Paris lebro	Name of Person	
		Firm/Company	
	7645 Antioch	Address	
	New Port	City/State and Zip Code GCAUTOS PALL COM obe used for future annual report notice	fication)
For further information c	oncerning this matter, please ca		
Pavis Leb Namo	f Person	at (813) 765 -	CL88
rume ()	1 1 43,371		
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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:	ction
Registration S Division of C		Registration Sec Division of Cor	
DIVISION OF C	•	The Centre of T	•

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lavadise Rentalz	LLC				
(Name of the Limite)	<mark>d Liability Compa</mark> A Florida Limited I	ny as it now appears of Liability Company)	n our records.)		
The Articles of Organization for this Limited Lia		were filed on 06	13/2021	and assi	gned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabi	ility company here:	:		
Prestige auto Spa II The new name must be distinguishable and contain the wo	-LC				
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the desig	mation "LLC" or th	e abbreviation "L.L	.C."
Enter new principal offices address, if applica	ble:	7645 Ant	iach Dr.	FL, 3465	
(Principal office address MUST BE A STREET	ADDRESS)	New for	+ Richey	FL, 3465	<u>55</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	7645 An	tiah Dr. Richey F	L 24 65 5	
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:		ddress on our reco	rds, <u>enter the n</u>	28 ew AM 9: 27	registered
New Registered Office Address:	7645	Antiah Dr.		:-)	
	. 1 ^	Enter Florida	street address		
	New A	rt Richey	, Florida	34655	
		City		7in 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Yafet Alejandro	12415 Plantation Pine lane Apt 204 Tampa FL, 33635	f X Add
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n effe <u>ste:</u>]	ve date, if other than the date of filing: 01 00 3033 (optional) ctive 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 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ted_	12-20-22
	Signature of a member or authorized representative of a member
	·

Filing Fee: \$25.00