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A. A. A. A.

COVER LETTER

eum me		Services LLC			
SUBJEC	1:	Name of Lin	nited Liability Company	·	
The enclo	osed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		Luis Garcia			
		Name of Person LJ Prestige Services LLC Firm/Company 3868 Tilbor circle Address Fort Myers. H 33916 City/State and Zip Code L0407j@gmail.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: S62			
		LJ Prestige Services LLC			
		····	Firm/Company		
		3868 Tilbor circle			
			Address		
		Fort Myers, Fl 33916			
			City/State and Zip Code		
		* -			
For furthe	er information c			rt normeation)	
Luis Gard	cia				
	Name o	f Person	Area Code D	raytime Telephone Number	
Enclosed	is a check for th	ne following amount:			
■ \$25.0	00 Filing Fee	_	Certified Copy	Certificate of Status &	
	Mailing Addres				
Registration Section Division of Corporations			-	Corporations	
i	P.O. Box 632	7	The Centre	of Tallahassee	
-	l'allahassee. I	rL 32314	2415 N. Me	onroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Company as it now appear</u> (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{09}{1}$ Florida document number $\frac{1.21000418401}{1}$.	22/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>·re</u> :
The new name must be distinguishable and contain the words "Limited Liability Company." the de-	esignation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	2021 3AL
(Mailing address MAY BE A POST OFFICE BOX)	001 -6 PH
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our re	001 -6 PH
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here: Name of New Registered Agent:	ecords, enter the name of the new registered

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.

Cir

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>	Address	Type of Action
AMBR	Luis M. Garcia	3868 Tilbor Circle	
		Fort Myers, FL 33916	□Remove
			□Change
AMBR	Jessica T. Ramos	3868 Tilbor Circle	■Add
		Fort Myers, FL 33916	□Remove
			Change
			□ Add 22 C C C C C C C C C C C C C C C C C
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- Casti	ve date, if other	than the dat	o of filing					(optional	\	
If an effe <u>Note:</u> I	ctive date is listed. If the date inserte ent's effective date	the date must be s d in this block o	specific and does not m	cannot be priced the app	dicable sta	of filing or me tutory filing	ore than 90 d g requireme	ays after filin	g.) Pursuant t	o 605,020 e listed a
e record rd is file	l specifies a delay ed.	ed effective dat	e, but not :	an effective	e time, at 1	2:01 a.m. c	on the earlic	rof:(b) T	The 90th day	after the
0	09/29/2021									
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Dated <u></u>		Alv Sign	ature of a m	nember or at	ithorized re	presentative	of a member			_

Filing Fee: \$25.00