## L220000033482

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Dusiness Entry Name)	
(Document Number)	
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## **COVER LETTER**

TO:

TO:		ration Sec n of Corp					
SUBJE	CT:	PRES	STIGE.	TRANSPOR	T GROUP LL	- C	
				Name of Lim	ited Liability Company		
The enc	closed Ai	ticles of A	mendment	and fee(s) are sub	mitted for filing.		
Please r	return all	correspon	dence conc	erning this matter	to the following:		
			A	LEISHA	BARKLEY Name of Person		<del></del>
					Firm/Company		
			3	331 S K	IRKMAM RD : Address	TEUN	<b>\(</b> ¢
				Olian	City/State and Zip Code		··
For furt	ther into	mation co	ncerning th	Rheialope E-mail address: (	to be used for future annual re	eport notification	on)
A	الاتعا	IA B	ARKLE	<i>≿1</i>	at (321 )	<b>চ</b> ৪৪ - ।	129
		Name of	Person	<del></del>	at ( <u>321</u> ) Area Code	Daytime Tele	ephone Number
Enclose	ed is a ch	eck for the	e following	amount:			
<b>⊡</b> \$25	5.00 Filir	ng Fee		Filing Fee & ficate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclo		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis	g Address tration S	ection			tion Section	
		ion of Co 3ox 6327	orporation	s		of Corporatre of Talla	
		nassee, F					reet, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRESTIGE TRANSPORT GROUP LL.C	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on TAU 11-2022 and assigned	
Florida document number <u>L22000023482</u> and assigned	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."	_
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	_
022	_
Enter new mailing address, if applicable:	7
(Mailing address MAY BE A POST OFFICE BOX)	-
in ⊋ III	_
	-
B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist	ered
agent and/or the new registered office address here:	
Name of New Registered Agent:	_
New Registered Office Address:	
Enter Florido street address	-
, Florida	
, Florida	_
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and	the

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, 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
MGR	ALEISHA BARKLEY	3337 3 KIRCMAN RD.	BAdd
		DELANDO. FL. 32811	□Remove
			□Change
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	···		- 11	•			
<u>Note:</u> 11	e date, if other that tive date is listed, the da the date inserted in t it's effective date on	his block does not a	meet the applicable	ate of filing or more the e statutory filing requ	(optional in 90 days after filin tirements, this dat	l) g.) Pursuant to 605.020 e-will not be listed (	17 (3 ns th
e record : rd is filed	specifies a delayed ef l.	fective date, but no	1 an effective time.	at 12:01 a.m. on the	earlier of; (b) T	he 90th day after th	e
Dated	FEB 44		. <u>එකෙකු</u> .				
		Abraslies Agnatine of a	member or authorize	d representative of a n	nember		
		AKEISHA	RAPY				
			Typed or printed no	ame of signee	· .		

Filing Fee: \$25.00