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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Flori	da Prestige Name of Limi	auto Sales &	Rentals	LLC
	Amendment and fee(s) are sub-			
Please return all correspo	ndence concerning this matter	to the following:		
	Hartense W	latson		
		Name of Person		
		Firm/Company		
	745 Brys	on Loop Address		
	Lakeland,	FL 33809 City/State and Zip Code		
	Madgew 1999 @c. E-mail address:	City/State and Zip Code	fication)	
For further information c	oncerning this matter, please ca			
)	716	91.7	-11	
Hosterse 1	Maton f Person	at (<u>863</u>) <u>2 5508</u> Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
☐ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional cop	f Status & py
Mailing Addres Registration 9		<u>Street Address:</u> Registration Se	ction	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 632 Tallahassee.		The Centre of T 2415 N. Monro	fallahassee e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Prestige auto	Sales & Rentals LLC 2022 OCT - 3 A
Florida Prestige auto (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	ယ်
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2430 rew 16th 8t Lander hill, FL 33311
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	745 Bryson Loup Labreland JFL 33809
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
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 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

Title .	<u>Name</u>	Address 74 C Bryson Loo P	Type of Action
Managar	Hortense Watson	745 Bryson Loo P Labeland, FL 33809	Add
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fective	e date, if other than the date of filing:	ional)
m effecti <u>ote:</u> If t	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, that's effective date on the Department of State's records.	er filing.) Pursuant to 605.0207
ecord s	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
ited	Signature of a member or authorized representative of a member	
	de dans	