L22000476423

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: ALAD	us Forward Service Name of Lim	SUC	
SUBJECT	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Benjamin Edus	Ho Flores Padlla Name of Person	
	Prestre Closets	S LLC Firm/Company	
	4884 Battaglia	Blid. Saist Claud, Fl. Address	. 34769
	Sout Cloud, F	2. 34769 City/State and Zip Code	
	Prestige Clasts L E-mail address: (1	City/State and Zip Code Company Com To be used for future annual report notified.	ication)
For further information co	ncerning this matter, please ca	all:	
Benjamin Eduara Name of	lo Flores Podella. Person	at (<u>407</u>) <u>431-50</u> Area Code Daytime	70 Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 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

Always forward Services LLC		FILED
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our red Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 2200476423</u> .	ny were filed on illo	2024 DEC 10 AM 10: 25 2022 and assigned TALLAHASSEE, FL
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li Prostice (1891) //	ability company here:	
The new name paust be distinguishable and contain the words "Limited Lie	ability 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)	NA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office	ee address on our records, e	enter the name of the new registered
agent and/or the new registered office address here:	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Name of New Registered Agent: New Registered Office Address:	NH Enter Florida street d	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

<u>Title</u>	Name	<u>Address</u>	Type of Action
Title NA	N/A	N/A	□Add
'		·	□Remove
			□Change
			□Add
		,	□Remove
			□Change
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		 	□Change
		□Add	□ Add
			□Remove
			□ Change
			□Add
			□Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	$-\nu/\Delta$
(If an e Note:	tive date, if other than the date of filing:
e reco	rd 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 iled.
Datec	December 5th 2024
	Signature of a member or authorized representative of a member Bergamin Eduardo Flores Padella Typed or printed name of signee