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(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone #)	
NICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:		tration Section of Corpo				NOV
CUDI		439 Global	Prestige LLC			27 HEHT OF CON ASSET
SUBJE	:C1: _	Name of Limited Liability Company				
The en	closed A	Articles of A	mendment and fee(s) are sub	omitted for filing.		AMIU: UT
Please	return a	ll correspond	lence concerning this matter	to the following:		
			Jessika Contreras			
				Name of Person		*************************************
				Firm/Company	 .	
			6070 National Blvd 215			
				Address		
			Ave Maria, FL 34142			
			jessikagrealtor@gmail.com	City/State and Zip Code		
			E-mail address. (to be used for future annual re	eport notification)	
For furt	ther info	rmation con	cerning this matter, please ca	all:		
Jessika	Contre	ras		786 355	7504	
		Name of P	erson	Area Code	Daytime Telepho	ne Number
Enclose	d is a cl	heck for the	following amount:			
■ \$25	5.00 Fili	ng Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is encle		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailin	g Address:		Street Add	<u>Iress:</u>	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

(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 f	iled on	and assigned
Florida document number 1.22000495132	·		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" or t	the abbreviation "L.L.C "
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>		
			
B. If amending the registered agent and/or	registered office address	s on our records, enter the	name of the new registered
agent and/or the new registered office addr			
	Andres Gomez		
Name of New Registered Agent:	Andres Gomez		
New Registered Office Address:	888 Brickell Key Dr 30		
	Enter Florida street address		
	Miami	, Florid:	a 33131
	Ciņ	y	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

3439 Global Prestige LLC

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 Changing Degistered 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	Jessika Contreras	6070 National Blvd 215 Ave Maria FL 34142	□Add
			®Remove
			□Change
			🗀 Add
			□Remove
			2023 gov 2:
			<u>~~</u> □ Arad
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Typed or printed name of signee