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COVER LETTER

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Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	restige Perr	nitting LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Roseline	2 Jean Name of Person	
	Prestige	Permitting LL Firm/Company	
	4010 3r	d St Sw Address	
	Lehigh	A Cres, FL 339 City/State and Zip Code	76 283 APR 1
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	. FR
Roselia Name o	e Jean Person	at (<u>239</u>) <u>745</u> . Area Code Daytime	-2476 PE CO
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on	and assigned
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
Principal office address MUST BE A STREET ADDRE	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·
		Pil
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		[1] 63
B. If amending the registered agent and/or registered (office address on our records, g	enter the name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	address
<u></u>		_, FloridaZıp Code
	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 Address Type of Action Title Name Islande Terrible 401 Brandywine Dr. Vairico, FC Bremove 33594 _____ □Change Roseline Jean 4010 3rd ST Sw, lehigh Acres BAdd
TL 33976 _____ □Remove □ Change ≅Remove Change of the co \square Add __ □Remove

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