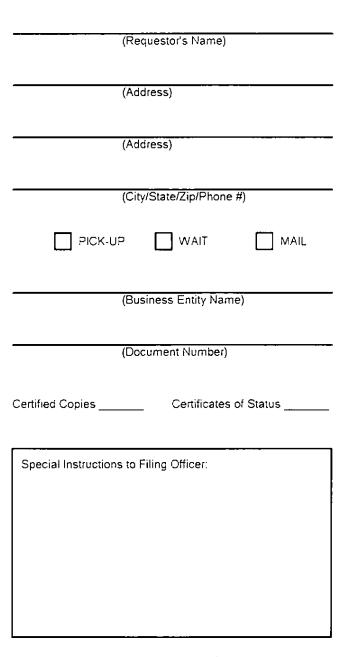
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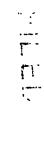
Office Use Only



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08/23/23--01016--008 **60.00

SUCKEDARY OF START





COVER LETTER

Division of Cor	porations		•
SUBJECT:	Prestige Mo Name of Limi	tor Sales Lited Liability Company	1.C
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Alec C	Name of Person	
	Prestig	Firm/Company	<u> </u>
	8/05 25	1h c f E Address	
	Sarasala	F(3424 City/State and Zip Code	<u>′3</u>
	Al Chart E-mail address: (1	to be used for the future annual report notiti	cation)
For further information co	oncerning this matter, please ca	all:	
Alec Ch	estand Person	at (<u>51 &</u>) <u>915 - 8</u> Area Code Daytime	7434 Telephone Number
Enclosed is a check for th	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)

TO:

Registration Section

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

(Name of the Limited	Liability Company as it now appears (Florida Limited Liability Company)	on our records.)	ტ	_	
The Articles of Organization for this Limited Lia Florida document number <u>1230000 46</u>		1/16/23	and	d assigne	:d
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability company her	<u>e</u> :			
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the des	signation "LLC" or the a	ibbreviatio	n "L.L.C."	·•
Enter new principal offices address, if applical	ble:				
(Principal office address MUST BE A STREET	ADDRESS)		25	623	
			27	AUG	: ·
			ASS	23	Face To
Enter new mailing address, if applicable:			ម្ចាក់ មាន	P	` :
(Mailing address MAY BE A POST OFFICE B	OX)	•	F1 5		•
			22.5 (2.5)	24	
B. If amending the registered agent and/or regagent and/or the new registered office address		cords, enter the na	ne of the	new re	gistered
Name of New Registered Agent:					
New Registered Office Address:	Enter Floria	la street address			
		, Florida			
	City		Zip C	ode	
NY 10 1 1 10 10 10 10 10 10 10 10 10 10 10	ative much discusses				

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 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
AMBR	Albert Charland	11108 Leland groves DR	
		Russian FL 33579	Remove
			□Change
			□ ∧dd
			□Remove
			□ Change
			□Add
			□Remove
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		···				ASSEE	23
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							: 21
n effective date is h <u>te:</u> If the date in	other than the date sted, the date must be s serted in this block of e date on the Depart	pecific and cannot loes not meet th	e applicable sta	of filing or more t	(optio han 90 days after quirements, this	filing.) Pursuar	nt to 605.020 be listed a
ecord specifies a (is filed.	delayed effective dat	e, but not an eff	ective time, at	12:01 a.m. on tl	ne earlier of: (b)	The 90th d	ay after the
ted	/17/2	3	·				