3/3/23, 4:39 PM

Division of Corporations

Florida Department of States

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JAMES ACCOUNTING & TAX PRACTICE, INC.

Account Number : I20000000159

Phone : (305)595-2886 Fax Number : (305)595-2898

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

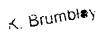
Email Address: VERNA @ JANGS ACCOUNTING COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PREKARE LLC

Certificate of Status	0
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Page Count	04
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Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREKARE LLC				
(Name of the Limited Liabilit (A Florida	Company as it now appears on or Limited Liability Company)	ir records.)		
The Articles of Organization for this Limited Liability Co Florida document number L23000092849		23	and assig	med
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designat	ion "LLC" or the a	bbreviation "L L	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR				-
		-		
			<u> </u>	
Enter new mailing address, if applicable:				
•				· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our record	s, enter the nac	ne of the new PAR - 3	registered
New Registered Office Address:				<u> </u>
	Enter Florida str	ect address		-
11-10		Florida	Zip Code	
	City		Aip Court	l.
New Registered Agent's Signature, if changing Registered				
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and ac- accept the obligations of my position as registered ag- being filed to merely reflect a change in the registere company has been notified in writing of this change.	implete performance of my d gent as provided for in Chapt	uties, and Lam er 605, F.S. Or	familiar with , if this docum	and vent is
	If Changing Registered Agent. Si	gnature of New R	egistered 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

To:

<u>Title</u>	Name	Address	Type of Action
AMBR	TRICIA LAWRENCE	11850 SW 235 ST HOMESTEAD FL 33032	■Add
			□Remove
			□Change
			🗆 Add
			DRemove
			🗀 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			TChange
			□Add
			Remove
			□ Change
			□ Add
			□Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	optional) ective date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e recor rd is fi	d 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 ed.
Dated	03/03/2023
	Signature of a member or authorized representative of a member
	TRICIA LAWRENCE
	TRICIA LAWRENCE Typed or printed name of signee