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A. RIVERS
JUN - 4 2023

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Prestige Quality Connections LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Destiny Reynolds Name of Person
Prestige Quality Connections
5640 Tim Uqvava Rd # 1 Address
Jacksonville, Florida 32210 City/State and Zip Code
Prestige Quality Connections. Org
For further information concerning this matter, please call:
Destroy Reynolds at (PA4) 786-0277 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:

Mailing Address:

□ \$25.00 Filing Fee

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

**⅓** \$30.00 Filing Fee &

Certificate of Status

Street Address:

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

☐ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prestige Quality Care Connections LLC

(A Florida Lin	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Com	npany were filed on $04-10-2023$ and assigned
Florida document number <u>L23000175064</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
Prestige Quality Connection The new name rolls be distinguishable and contain the words "Limited	DDS_LLC d Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of	office address on our records, enter the name of the new register
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street 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>	<u>Name</u>	Address	Type of Action
A <u>MBR</u>	Mary C. Williams	1,962 Deer Island Rd JaxF 32244	1 DXdd
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effective date, if other than the date of filing: \( \sum_{A-\sum_{a}} \sum_{b} \) \( \sum_{b} \	1 \ Pi	lease add company E.I.N. 92-3401812	
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