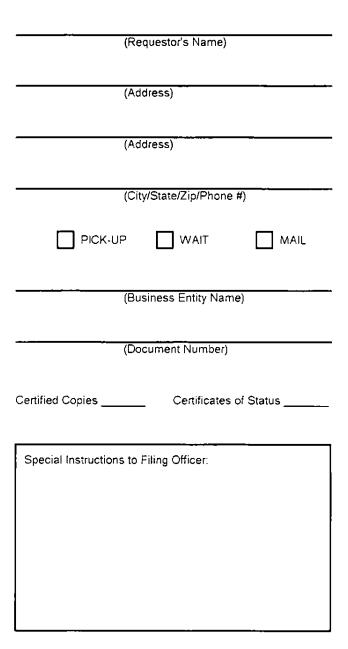
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COVER LETTER

Tallahassee, FL 32314

	Registration,So Division of Cor		•	: 4			
CHD IEC		Prestige Cape Wide LLC					
SUBJEC	1:	Name of Lim	ited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please reu	urn all correspo	ondence concerning this matter	to the following:				
		Philip R. Williams					
			Name of Person				
		Prestige Cape Wide LLC					
Firm/Company							
		3614 SE 2nd Pl					
			Address				
		Cape Coral FL 33904					
			City/State and Zip Code				
	capewide239@gmail.com E-mail address: (to be used for future annual report notification)						
For furthe	r information c	oneerning this matter, please c		in touriestory			
Philip R.	Williams		239 271-61				
Name of Person			at () Area Code D	aytime Telephone Number			
Enclosed i	is a check for th	ne following amount:					
☐ \$25.0°	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
	Sailing Addres		Street Addre				
Registration Section Division of Corporations			Registration Section Division of Corporations				
	2 O. Box 632	•		of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prestige Cape Wide LLC (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 filed on $\frac{05/01/2023}{}$ and assigned Florida document number ___L23000214347 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida <u> </u>

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
Authorize	Stephanie Williams	3614 SE 2nd PI	□Add
		Cape Coral FL 33904	
			□Change
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
		-	Change
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Effect	03/07/2024 (optional)
f an eff <u>Note:</u>	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 the self-ective date on the Department of State's records.
recor	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 led.
e recor rd is fi	· · · · · · · · · · · · · · · · · · ·
e recor rd is fi	
recor d is fi	led.

Filing Fee: \$25.00