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COVER LETTER

	Registration Section Division of Corporations			
	•	e for PrestigiousNetwork Lim	ited Liability Company	
SUBJECT:	_	_	ted Liability Company	
		mendment and fee(s) are sub-	•	
		Jean Maly Nelson		
			Name of Person	
		PrestigiousNetwork Limited	d Liability Company	
			Firm/Company	
		523 Brookeshire Drive		
		-	Address	
		Davenport, FL		
			City/State and Zip Code	
		jeannelson024@gmail.com		
		E-mail address: ()	to be used for future annual report notif	fication)
For further in	nformation co	ncerning this matter, please co	all:	
Jean Maly N	Selson		988-6557 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	a check for the	e following amount:		
□ \$25.00 I	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)
Ma	ilina Address		Street Address:	

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

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

PrestigiousNetwork Limited Liability Company (Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 223070153251	were filed on July 1 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
LS Network Solutions Limited Liability Company		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	 	<u>73 ≤:</u>
	·	
Enter new mailing address, if applicable:		CORIO F
(Mailing address MAY BE A POST OFFICE BOX)		PH 12: 41
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	Flori	da
New Registered Agent's Signature, if changing Registered Agent:	•	

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	Suzie P Nelson	523 brookeshire Drive	= Add
		Davenport FL, 33837	□Remove
			□Add
			□Remove
			□Remove
			☐Change
			□ Add
		□Remove	
		. □Change	
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Effective date, if other t	han the date of filing:		(optional)
Note: If the date inserted	in this block does not meet the appl	or to date of filing or more than icable statutory filing requir	90 days after filing.) Pursuant to 605.020 rements, this date will not be listed as
document's effective date	on the Department of State's record	s.	
he record specifies a delayer	l effective date, but not an effective	time, at 12:01 a.m. on the e	arlier of: (b) The 90th day after the
ord is filed.			
July 15	2023		
Dated		·	
I = I	// i		
()	/ / . / (
P - C	Signature of a member or aut	horized representative of a mer	nber
	Signature of a member or aut	horized representative of a me	nber

Filing Fee: \$25.00