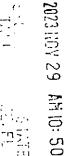
L23000397072

(Requestor's Name)	
(Address)	—
(Address)	
` <i>'</i>	
(City/State/Zip/Phone #)	
(City/State/Zip/Prione #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
, ,	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	\neg
Species would be to thing difficult.	

Office Use Only



200417974222



787

2023 NOV 29 PM 2: 36

A. BUTLER NOV 30 2023

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Prestige Technology MR	POLIC	•
Trestige reciniology win	O LLC.	1
· · · · · · · · · · · · · · · · · · ·		
Please Debit FCA0000000	03 For: 25	
Thank you Seth Neeley		
1200/	•	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
/		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
orgination of		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
Name Da		UCC 11 Search
Name Da	ite Time	UCC 11 Retrieval
Walk-In Wi	ill Pick Up	Courier

COVER LETTER

	gistration Sec ision of Corp			
SUBJECT:	Prestige Tech	hnology MRO LLC		
Sobsticit			nited Liability Company	
The enclosed	d Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Venkat Sunil Mentreddi		
			Name of Person	
			Firm/Company	
		7930 Eagle Trail		
			Address	
		Dallas, TX 75238		
		sunil@seaccom.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report i	notification)
For further in	formation cor	ncerning this matter, please c	all:	
Venkat Suni	l Mentreddi		251 458-9698 at ()	
	Name of I	Person	Area Code Day	time Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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)

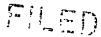
MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

DocuSign Envelope ID: 918FB397-9D9B-4FA2-9890-0A05FE738C97

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Prestige Technology MRO LLC

2023 NOV 29 AN 10: 50

(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 $\frac{08/24/2023}{}^{(r)}$ - - and assigned 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 "LLC." 1101 S Rogers Circle, #1 Enter new principal offices address, if applicable: Boca Raton, FL 33487 (Principal office address MUST BE A STREET ADDRESS) 1101 S Rogers Circle, #1 Enter new mailing address, if applicable: Boca Raton, FL 33487 (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 ___ Cin 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

DocuSign Envelope ID: 918FB397-9D9B-4FA2-9890-0A05FE738C97
11 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>	Name	Address	Type of Action
			Add
		*	□ Remove
			Change
			Add
			□ Remove
			Change
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			Remove
			Change
			□ Add
			Remove
			□ Change

	 -		<u> </u>	,		
_						
				<u>-</u>	·	<u>.</u>
			-			
•——		•				
						
			-			
	- 					
						
						
						
	-1					
					-	
	 .					
C. Effective	date if other t	han the date of filing:			(optional)	
(If an effecti <u>Note:</u> If t	ive date is listed, the the date inserted i	date must be specific and ear in this block does not med on the Department of Sta	unnot be prior to out the applicable	date of filing or more the statutory filing rec	ian 90 days after filing.) P	ursuant to 605.0207 (. If not be listed as th
f the recor b) The 90	d specifies a d Oth day after t	delayed effective dat the record is filed.	te, but not a	n effective time	, at 12:01 a.m. or	the earlier of:
Duta 4	1/27/2023					
Dated	-	Docu Signed by:	<u></u>	•		
				ed representative of a		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00