L14000022905

(Red	questor's Name)	
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(City	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration So Division of Cor		·	,	4 <u>\$</u>
≠Prevalent L	LC		8 8 g 8	
SUBJECT:		nited Liability Company	· · · · · · · · · · · · · · · · · · ·	
		, , ,		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Tristan Hatto			
		Name of Person		=
	Prevalent LLC			
		Firm/Company		-
	17621 Eagle View Ln.			
		Address		-
	Cape Coral, FL 33909			
		City/State and Zip Code		-
	tristanhatto4@gmail.com E-mail address: (to be used for future annual report no	otification)	
For further information of	concerning this matter, please of	•	ŕ	
Melanie Hatto		239 810-0087		
Name of Person			me Telephone Numbe	<u>г</u>
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
Mailing Addre		Street Address:		
Registration Division of C		Registration S Division of Co		
P.O. Box 632		The Centre of	•	
Tallahassee,		2415 N. Mont	roe Street, Suite 8	310
		Tallahassee, F	FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prevalent LLC		
(Name of the Lim	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
he Articles of Organization for this Limited I lorida document number L24000022905	•	and assigned
his amendment is submitted to amend the fol	lowing:	
a. If amending name, enter the new name of	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designa-	ation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	
		
3. If amending the registered agent and/or gent and/or the new registered office addre	•	ds, enter the name of the new registe
Name of New Registered Agent:	Tristan Hatto	
New Registered Office Address:	Same address as on file for Prevalent L	LC
	Enter Florida st	reet 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.

Justin Valla 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>	Name	Address	Type of Action
AMBR	Melanie Hatto	17621 Eagle View Ln. Cape Coral, FL 33909	
			Remove
			□Change
AMBR	Tristan Hatto	17621 Eagle View Ln. Cape Coral, FL 33909	= Add
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ffective date, if other than an effective date is listed, the date	te must be specific and cannot be be a specific and cannot be specific and cannot be a specific	ot be prior to date of filing	g or more than 90 days a	prional) fler filing.) Pursuant to	605,0207
Note: If the date inserted in the locument's effective date on the			ining requirements.	this date will not be	nsieu as
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record specifies a delayed eff d is filed.	fective date, but not an ef	Tective time, at 12:01	a.m. on the earlier of	(b) The 90th day a	after the
Justim J	024				
distant 1	Signature of a mamb	er or authorized represen	tative of a member		-
	organistic to a inclina	er or admorazed represent	mare of a memori		