

DocuSign Envelope ID: CF89BA2B-2C0E-40AE-8FE9-42D5D3CED229

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L24000313108

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((11240002491813)))



H240002491813ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page
Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGAL TEAM PLLC

Account Number : 120210000040

Phone : (786)307-2393

Fax Number : (786)524-3342

2024 JUL 25 PM 2:45
FILED
SECRETARY OF STATE
AT: TAMASEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: KSUAREZ@LEGALTEAMSERVICES.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PRESTIGE MARKETING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

JUL 25 2024

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: CF86BA2B-2C0E-40AE-8FE9-42D5D3CED229

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PRESTIGE MARKETING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAREL SUAREZ, ESQ.

Name of Person

THE LEGAL TEAM PLLC

Firm/Company

4000 PONCE DE LEON, SUITE 470

Address

CORAL GABLES, FL 33146

City/State and Zip Code

KSUAREZ@LEGALTEAMSERVICES.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

ERICK TRELLES, ESQ.

305 281-6074

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

Mailing Address:

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

Street Address:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 JUL 25 PM 2:45

FILED

DocuSign Envelope ID: CF898A2B-2C0E-40AE-8FEG-42D5D3CED229

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PRESTIGE MARKETING 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 07/16/2024 and assigned Florida document number L24000313108.

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 birthdate 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 Changing Registered Agent, Signature of New Registered Agent

FILED
2024 JUL 25 PM 2:45
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

DocuSign Envelope ID: CF89BA2B-2C0E-40AE-8FE9-42D5D3CED229

(If amending Authorized Persons) 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>	<u>Address</u>	<u>Type of Action</u>
MGR	MOHAMMED L. HANIFF	8219 SW 190TH TERRACE	☐ Add
		CUTLER BAY, FL 33157	☒ Remove
			☐ Change
MGR	MOHAMED L. HANIFF	8219 SW 190TH TERRACE	☒ Add
		CUTLER BAY, FL 33157	☐ Remove
			☐ Change
			☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2024 JUL 25 PM 2:45
CLERK OF STATE
TALLAHASSEE, FL 32304

FILED

