P22000084986

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2023 AUG -2 PM 12: 58 SECRETARY OF STATE FALLANIASSEE FI FOR

COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: Hs Pre	estige Consultants				
document number:P2200	Ωραρληνουρου				
The enclosed Articles of Amendment and fee are	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this r	natter to the following:				
	Name of Contact Person				
	Name of Contact Person				
	s Prestige Consultants				
	Firm/ Company				
433 1	Plaza Real, Suite 275				
	Address				
B	City/ State and Zip Code				
·	City/ State and Zip Code				
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
Nishael Beato	at (954) 684-7445 Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing Address	Street Address				
Amendment Section	Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

of

Its Prestige (onsultants CORP	
	y filed with the Florida Dept. of State)	
P220000	84986	
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
NIA	The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". I chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	433 Plaza Real	
(Principal office address MUST BE A STREET ADDRESS)	Suite 275	
	Booa Ration, FL 33432	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	433 Plaza Real	
	Suite 275	
	Boca Raton, FL 33432	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
Name of New Registered Agent NA	1	
NIG	4	
(Florida str	eet address)	
New Registered Office Address: N F	, Florida NA (City) (Zip Code)	
	(Eng) (Eng) (Eng)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar of the second secon	with and accept the obligations of the position	
NA	egistered Agent, if changing	
Signature of New R	egistered Agent, if changing	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	ਿ <u>ਹ</u> ੋਂ ਨ	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	NA	NA	AIN
Add			
Remove			
2) Change			
Ađđ			 .
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ng additional Articles, enter change(s) here: eets, if necessary). (Be specific)
	NA
·	
	<u></u>
	
	
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an amendment or	ovides for an exchange, reclassification, or cancellation of issued shares,
provisions for impl	ementing the amendment if not contained in the amendment itself:
(if not applicabl	le, indicate N/A)
	AU

•

The date of each amendment(s) adopted this document was signed.	ion: NA	, if other than the
Effective date if applicable:	NIA	
	(no more than 90 days after amo	endment file date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory f	iling requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
★ The amendment(s) was/were adopted action was not required.	1 by the incorporators, or board of director	rs without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffic	d by the shareholders. The number of vote ient for approval.	es cast for the amendment(s)
	ed by the shareholders through voting group h voting group entitled to vote separately	•
"The number of votes east for	the amendment(s) was/were sufficient for	approval
by		
	(voting group)	
Dated	25, 2023	
selected, by	or, president or other officer – if directors an incorporator – if in the hands of a recorduciary by that fiduciary)	
	Nishael Beato (Typed or printed name of person	
	_	signing)
	President	
	(Title of person signing)	