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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TREASURE COAST ADUSERS, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence congerning this matter to the following:
HIRAM D. CRITTENDEN
PREMIER PANKSHARES LTD
3066 ZECDA POAD #224
MONTGOMERY, AL 36106
City/state and Zip Code himanerittenden @ Vahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
And JaBrayan at 561, 330-1645 Ext 203 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$55.00 Filing Fee & \text{Certificate of Status}\$\$ Certificate of Status & \text{Certified Copy} & \text{(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

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF 09 NOV 19 AM 10: 58 IREAS. NE. CAST. ADVISERS, L. CALLAHASSEE. FLORIDA (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 4/17/09 and assigned Florida document number 090000 37968 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PREMIER FINANCIAL MANTGEMENT LLC. The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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) ENAMONDATION OF THE STATES AND THE ASTREET 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:

	City	, Florida
New Registered Office Address:	Enter Fl	orida street address
Name of New Registered Agent:		

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title Address Type of Action Remove Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00