

L09000067226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

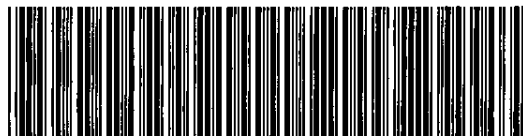
(Business Entity Name)

(Document Number)

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12 JAN 27 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NL QUN Jan JAN 27 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREMIERE RELOCATION SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vladislav Salaridze

Name of Person

Legal Consulting LLC

Firm/Company

2999 NE 191 Street, Suite 709

Address

AVENTURA, FL 33180

City/State and Zip Code

leftmail@gmail.com

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

For further information concerning this matter, please call:

Vladislav Salaridze

Name of Person

at (786)

443-2303

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2012

VLADISLAV SALARIDZE
LEGAL CONSULTING LLC
2999 NE 191 STREET, SUITE 709
AVENTURA, FL 33180

SUBJECT: PREMIERE RELOCATION SERVICES LLC
Ref. Number: L09000067226

We have received your document for PREMIERE RELOCATION SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 512A00001181

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PREMIERE RELOCATION SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED

12 JAN 27 AM 9: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/13/2009 and assigned
Florida document number L09000067226.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

The new name must be distinguishable and end with 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)

18101 Collins Avenue, Unit# 1907

Sunny Isles, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18101 Collins Avenue, Unit# 1907

Sunny Isles, FL 33160

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:

SALARIDZE, VLADISLAV

New Registered Office Address:

2999 NE 191 Street, Suite 709

Enter Florida street address

Aventura

City

, Florida

33180

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 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

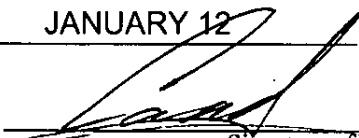
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Miminoshvili, Ilia	3401 N. Country Club Drive, Suite 216 Aventura, FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Koguashvili, Kakhaber. G	18101 Collins Ave. Unit# 1907 Sunny Isles, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

12 JAN 27 AM 9:27
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated JANUARY 12, 2012



Signature of a member or authorized representative of a member

Vladislav Salavitskiy

Typed or printed name of signee