L1300075581

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| | | |
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



000280741770

01/14/16--01006--006 **25.00

2016 JAN I U A II: O

JAN 15 2013

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Premier Graphy and Photography 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: |
| Anthonie Leslie Name of Person |
| Premier Graphx and Photography LLC Firm/Company |
| 1228 Saint Jumes Road Address |
| Orlando, FL 32808 City/State and Zip Code |
| anthonie 1. leslie a smail. com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| An Hunje Leslie at 321 278-7592 Area Code Daytime Telephone Numbers |
| Englosed is a check for the following amount: |
| \$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Premier Graphx as | nd Photography LLC |
|---|--|
| (Name of the Limited I | nd Photography LLC Liability Company as it how appears on our records.) Florida Limited Liability Company) |
| The Articles of Organization for this Limited Liabi | lity Company were filed on 5-23-2013 and assigned |
| Florida document number $\frac{46-283778}{21300007552}$ This amendment is submitted to amend the following | 7 Ng: |
| A. If amending name, enter the new name of th | e limited liability company here: |
| Premier Studios LLC | |
| The new name must be distinguishable and contain the word | s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicabl | e: |
| (Principal office address MUST BE A STREET A | (DDRESS) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> |
| | |
| | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our records, enter the name of the new |
| registered agent and/or the new registered office | |
| Name of New Registered Agent: | |
| Navy Panistared Office Address: | |
| New Registered Office Address: | Enter Florida street address |
| | Florida O |
| - | City ZP 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

| | · | | | | | |
|---|----------------------|----------------------|--|-----------------------|--|------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | <u> </u> | | | |
| | | | | | | |
| | | | | | | - |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | *** | ** | - |
| <u> </u> | | | | | | |
| | | | | | | |
| | | | - · · · · · · · · · · · · · · · · · · · | | ····· | |
| | | | | | | |
| | | | <u>-</u> | | | - |
| ective date, if othe | | | مر د دا د | | | |
| ective date, if othe n effective date is listed, | r than the date of | i filing: | ior to data of filing a | r more than 90 days a | ptional) Bar filing \ Pursuant | to 605 02 |
| te: If the date inserte | | | | | | |
| cument's effective da | ite on the Departmen | nt of State's record | ds. | | Æg ≥ | 3 |
| | | | | | | |
| record specifies | a delayed effect | tive date, but i | not an effectiv | e time. at 12:0 | 1 a.min the | earlier |
| he 90th day afte | er the record is f | filed. | | J , at 12.0 | | States States |
| ŕ | | | | | SHS 14 | |
| | | | | | D D | |
| ted | $\overline{}$ | , | · | | A II: 09 FIGREDA | |
| | / / | | | | | |
| | / N - | | | | 7-4 | |
| | Cionatur | re of a member or au | thorized representat | ive of a member | <u> </u> | |

Page 3 of 3

Filing Fee: \$25.00