

L1700000 84865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

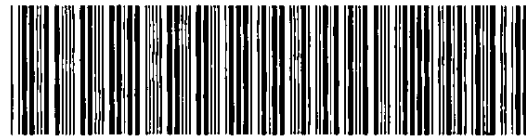
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JUL -3 AM 11:55
TALLAHASSEE, FLORIDA

S. WARREN

JUL 06 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A & E Premier Work, 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:

Kelly Richard
Name of Person

Affordable Bookkeeping & Tax
Firm/Company

15812 Colding Loop
Address

Wimauma FL 33598
City/State and Zip Code

affordtaxes@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Richard at (813) 634-8429
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

A+E Premier Work 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 4/17/17 and assigned Florida document number L 000084865.

This amendment is submitted to amend the following:

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

A+E Premier Work LLC

The new name must be distinguishable and contain 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)

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TALLAHASSEE, FLORIDA

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:

Kelly Richards

New Registered Office Address:

15812 Golding Loop

Enter Florida street address

Wimalaha

City

Florida

33598

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.

Kelly M Richards

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) 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	Erik Saucato		<input type="checkbox"/> Add
		1110 Prosperity Pl	<input checked="" type="checkbox"/> Remove
		Ruskin FL 33570	<input type="checkbox"/> Change
AMBR	Darrick Bartholomew Reynolds	2018 15 th St SE 3 rd	<input checked="" type="checkbox"/> Add
		Ruskin FL 33570	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jose Palomero	301 Wilder Rd #78	<input checked="" type="checkbox"/> Add
	Joe Palomero	Digby City 33566	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 STATE
 OF FLORIDA
 COUNTY OF HILLSBORO

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

I need to amend the name
which is currently misspelled
correct name: A & E Premier Work LLC

I need to remove mgr and
Resident agent and add
2 others to the document

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated June 29, 2017

x [Signature]
Signature of a member or authorized representative of a member

Andy In Liberos
Typed or printed name of signee

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TALLAHASSEE FLORIDA