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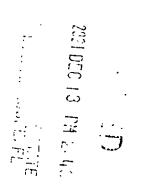
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COVER LETTER

TO: Registration So Division of Co			
	L PREMIER CONSULTANT I	LC	
SUBJECT:			,
30b/I.C1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Marc Faurismar		
		Name of Person	
		Firm/Company	
	1533 SW Bermel Avenue		
	Port St. Lucie, FL 34953	Address	
	marcnpc19@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual repor	1 notification)
For further information of	concerning this matter, please co	all:	
Marc Faurismar		321 522-657	7()
Name (of Person	at () Area Code D:	aytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed:	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Addre Registration	
Division of C		•	Corporations
P.O. Box 633			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATIONAL PREMIER CONSULTANT LLC 2021 DEC | 3 | FH | 1 | 41 (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 Florida document number _____L19000174983 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NATIONAL PREMIER CONSULTANTS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1533 SW Bermel Avenue, Port St. Lucic, FL 34953 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) 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: New Registered Office Address: Enter Florida street address

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 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>	Address	Type of Action
AMBR	Marc Faurismar	1533 SW Bermel Avenue	 _ _ _ _ _ _
		Port St. Lucie, FL 34953	a Mud
			Remove
			<u>■Change</u>
AMBR	Lakiya Bland	1533 SW Bermel Avenue	-
		Port St. Lucie, FL 34953	S Add
			□Remove
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			□Add
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			□Change
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ective date, if other than the	12/8/202 date of filing:		(ontional)	
ective date, if other than the a effective date is listed, the date muster. If the date inserted in this blument's effective date on the December 2.	ock does not meet the app	dicable statutory filing re	than 90 days after tiling.) Pursuant equirements, this date will not b	to 605,0207 be listed as
cord specifies a delayed effectiv s filed.	e date, but not an effectiv	e time, at 12:01 a.m. on	he earlier of: (b) The 90th day	y after the
December 8 ed	2021			
-	e France	<u> </u>	a meniber	
, t c c l		~ VI		
	Signature of a member or a	athorized representative of	a member	