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(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cil	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
`	,	,
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corp			•
SUBJECT: <u>Prem</u>	Name of Lim	and casualty ited Liability Company	
	mendment and fee(s) are sub	-	
Please return all correspon	dence concerning this matter	to the following:	
	Myra Sc	Name of Person	
	Premium F	Property and C	nounty
	2920 NW	56th ave B40	
		FL 33313 City/State and Zip Code	
	Premium pro E-mail address: ()	PC: +1 Cird CCSUCI	ty 6 yours. con
For further information con	ncerning this matter, please ca	all:	
MAYA SON	<u> </u>	at (786) 457. Area Code Daytime	3904 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee n→s.	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premium Property	4 and Casualty
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000221357</u> .	were filed on May 17, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	261 N. University Dr.
(Principal office address MUST BE A STREET ADDRESS)	Planation, FL 33324
Enter new mailing address, if applicable:	261 n. University Drive
(Mailing address MAY BE A POST OFFICE BOX)	Suite 500
	piciniation, FL 33324
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	F.3
New Registered Office Address:	14
The Registered Office Fladings.	Enter Florida street address
	Florida
	City Zip Code

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.

New Registered Agent's Signature, if changing Registered Agent:

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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
MGR	Lea Kuntz	3521 nw 6th picke Lauderhill, FL 33311	⊠ Add
		Laucherhill, FL 33311	□ Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
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			□Remove
			□Change
			□Add
			□ Remove
			Change

Ĭ	DIECISE amend CEU designation
•	for Myra Santiago to MGR.
	I am heing advised by
	oank that an account counce be
_	opened with CEO designation
_	
_	
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-	
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_	
an effectore: 1:	tive date, if other than the date of filing:
record I is file	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
ated _	May 25 2021
	Signature of a member of authorized representative of a member
	Myca Santiago Typed or printed name of signee