P21000076002

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TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: FLORIDA'S HIGH	I QUALITY SERVICE IN	C			
DOCUMENT NU	JMBER: P21000076002					
	cles of Amendment and fee are su	bmitted for filing.				
Please return all ce	orrespondence concerning this ma	tter to the following:				
	GUILLERMO CASTILLA					
	 	Name of Contact Person				
	PREMIER ADVISORY GRO	PREMIER ADVISORY GROUP INC				
	Firm/ Company					
	8300 W FLAGLER STREET SUITE 254-E					
	Address					
	MIAMI, FL 33144	11-1-1-1				
	 	City/ State and Zip Code	2			
	G.CASTILLA@PREMIERA	DVISORYGROUP.US				
	-	sed for future annual report	notification)			
For further inform	ation concerning this matter, pleas	se call:				
GUILLEMRO CASTILLA		at (305	370-9567 de & Daytime Telephone Number			
Na	me of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fe	e □\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Amend Divisio The Co	Address Iment Section on of Corporations entire of Tallahassee N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

(Name of Corporation as current)	ly filed with the Florida Dept. of State)		
P21000076002			
(Document Number o	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
N/A	The new		
name must be distinguishable and contain the word "corporation," "o "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", / "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	905 SW 1st Street		
(Principal office address MUST BE A STREET ADDRESS)	Unit 103		
	Miami, FL 33130		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	905 SW 1st Street		
	Unit 103		
	Miami, FL 33130		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address			
Name of New Registered Agent N/A	EFS 3		
Name of New Registered Agent	FL 31		
(Clasida atr	reet address)		
ir ioriaa sii			
New Registered Office Address:	. Florida		

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	DANIELLE GIL GARCIA	901 SW 1st Street
Add			Unit 103
Remove			Miami, FL 33130
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/1) (A	Attach addition	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	/A		
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(if not applicable, indicate N/A)	If an amendme provisions for	ent provides for an exchange, reclassification, or cancellation of issued shares, rimplementing the amendment if not contained in the amendment itself:	
A	(if not app	olicable, indicate N/A)	
	A		
	• • •	·-	
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			<u> </u>

The date of each amendment(s date this document was signed.) adoption:	, if other than the
uate this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 50 days after amenament file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
09/16/2 Dated Signature	⁰²¹	
(By sele	a director, president or other officer – if directors or officers have a cted, by an incorporator – if in the hands of a receiver, trustee, or cointed fiduciary by that fiduciary)	
	GUILLERMO CASTILLA	
	(Typed or printed name of person signing)	
	REGISTERED AGENT	
	(Title of person signing)	