

L0000008393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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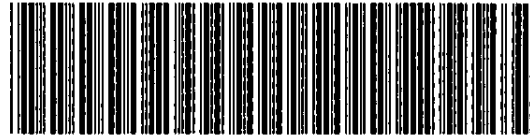
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan AUG - 7 2012



**Alvarez, Sambol & Winthrop, P.A.**

Friday, August 03, 2012

Raymond L. Schumann  
Senior Counsel  
Board Certified Real Estate Law  
rschumann@aswpa.com

**Via Fed-Ex Overnight Delivery**

Florida Department of State  
Registration Section/Division of Corp.  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Transpremier, L.L.C-Amendment of Articles  
Our File No.: 1469.12866

Dear Clerk:

Please find the enclosed Amendment to Articles of Organization for the above listed company to be filed. I have also enclosed our Firm's check in the amount of \$30.00 for the filing fee and Certificate of status. I have included a self-addressed envelope for the return of the Certificate of status.

If you have any questions or I can be of any further assistance please do not hesitate to contact my assistant Trisa Mena at (407) 210-2796 Ext 250.

Sincerely,

A handwritten signature in black ink, appearing to read 'Raymond L. Schumann', is written over a horizontal line.

Raymond L. Schumann

RLS/tm  
Enclosures as stated

**ORLANDO ■ NEW YORK**

100 SOUTH ORANGE AVENUE, ORLANDO, FLORIDA 32801  
PHONE: 407-210-ASWM (2796) ■ FAX: 407-210-2795  
WWW.ASWPA.COM

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TRANSPREMIER, L.L.C.  
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:

Raymond L. Schumann, Esq.

Name of Person

Alvarez, Sambol & Winthrop, P.A

Firm/Company

100 S. Orange Ave

Address

Orlando, FL. 32801

City/State and Zip Code

sergio@transpremier.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond L. Schumann, Esq.

Name of Person

at ( 407 ) 210-2796 Ext 250

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

FILED  
12 AUG -6 PM 12:55

TRANSPREMIER, L.L.C.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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 7/17/2000 and assigned  
Florida document number L00000008393.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

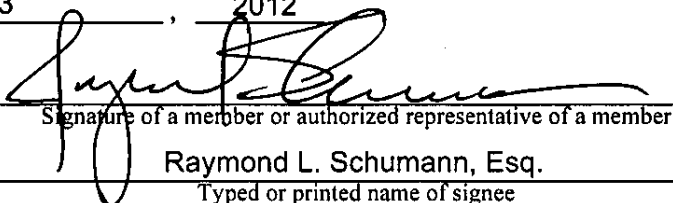
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRES.</u>	<u>Sergio Guarnizo</u>	<u>315 Truman St. N.E.</u> <u>Albuquerque, NM 87108</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>1st VP</u>	<u>Diana R. Bernate-Mazo</u>	<u>315 Truman St. N.E.</u> <u>Albuquerque, NM 87108</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>2nd VP</u>	<u>Juliana Velandia</u>	<u>12433 Blacksmith Dr., Apt. 302</u> <u>Orlando, FL 32837</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>3rd VP</u>	<u>Juan Carlos Gomez</u>	<u>8238 Fort Thomas Way</u> <u>Orlando, FL 32822</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Please Note that Sergio Guarnizo is to be listed as both MGRM/PRES. and

Diana R. Bernate-Mazo is to be listed as both MGRM/1st V.P

Dated August 3, 2012

  
Signature of a member or authorized representative of a member  
Raymond L. Schumann, Esq.  
Typed or printed name of signee

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12 AUG #6 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA