

L000000 11856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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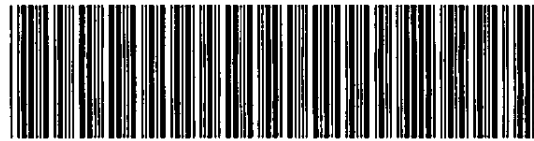
(Business Entity Name)

(Document Number)

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16 OCT 20 AM 9:24
CLERK OF COURT
J. HARRIS

OCT 25 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREMIUM ESTATE LIQUIDATORS, 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:

SHARON KENWORTHY
Name of Person

PREMIUM ESTATE LIQUIDATORS, LLC
Firm/Company

1562 N. LIME AVENUE
Address

SAKASOTA, FL 34237
City/State and Zip Code

ESTATE1562@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON KENWORTHY at (812) 219-5606
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

PREMIUM ESTATE LIQUIDATORS, 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 1/11/2016 and assigned Florida document number L00000011856.

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 contain 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)

1562 N. LIME AVENUE

SARASOTA, FL 34237

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1562 N. LIME AVENUE

SARASOTA, FL 34237

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:

SHARON KENWORTHY

New Registered Office Address:

1562 N. LIME AVENUE

Enter Florida street address

SARASOTA

City

Florida 34237

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.


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> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

| | | | |
|------------------|--------------------------|-----------------------------------|--|
| <u>PRESIDENT</u> | <u>JENNIFER GRONDAHL</u> | <u>1 SOUTH SCHOOL AVENUE #302</u> | <input type="checkbox"/> Add |
| | | <u>SARASOTA, FL 34237</u> | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

| | | | |
|---|-----------------------|-----------------------------------|--|
| <u>AMBR</u> <u>Authorized Member</u> | <u>NOLA HEITBRINK</u> | <u>1 SOUTH SCHOOL AVENUE #302</u> | <input type="checkbox"/> Add |
| | | <u>SARASOTA, FL 34237</u> | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

| | | | |
|---|-----------------------|----------------------------|---|
| <u>AMBR</u> <u>Authorized Member</u> | <u>MONICA NELIGON</u> | <u>1562 N. LINE AVENUE</u> | <input checked="" type="checkbox"/> Add |
| | | <u>SARASOTA, FL 34237</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

| | | | |
|--|----------------------|----------------------------|---|
| <u>AM BR</u> <u>Authorized Member</u> | <u>GLEUDA COTHIE</u> | <u>1562 N. LINE AVENUE</u> | <input checked="" type="checkbox"/> Add |
| | | <u>SARASOTA, FL 34237</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

| | | | |
|---|----------------------|----------------------------|---|
| <u>AMBR</u> <u>Authorized Member</u> | <u>PAT GOLDWATER</u> | <u>1562 N. LINE AVENUE</u> | <input checked="" type="checkbox"/> Add |
| | | <u>SARASOTA, FL 34237</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

| | | | |
|---|----------------------|----------------------------|---|
| <u>AMBR</u> <u>Authorized Member</u> | <u>LINDA KERBAWY</u> | <u>1562 N. LINE AVENUE</u> | <input checked="" type="checkbox"/> Add |
| | | <u>SARASOTA, FL 34237</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

| | | | |
|------------------|------------------------|----------------------------|---|
| <u>PRESIDENT</u> | <u>SHARON KENNORTH</u> | <u>1562 N. LINE AVENUE</u> | <input type="checkbox"/> Change |
| | | <u>SARASOTA, FL 34237</u> | <input checked="" type="checkbox"/> ADD |

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

[illegible]

E. 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 10/18/, 2016

Signature of a member or authorized representative of a member

SHARON KENWORTHY
Typed or printed name of signee

16 OCT 20 11 9:25