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B. BOSTICK
DEC - 3 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

Premier Limousine, 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:

Elizabeth A. Strole

Name of Person

Rome Clifford Katz & Koerner, LLP

Firm/Company

214 Main Street

Address

Hartford CT 06106

City/State and Zip Code

estrole@rckklaw.com

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

For further information concerning this matter, please call:

Elizabeth A. Strole

,860<u>,</u>527-7044

Name of Person

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) S60.00 Filing Fee, On 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

| Premier Limousine, LLC | | |
|--|--|--|
| (Name of the Limited) | Liability Compar Florida Limited L | ny as it now appears on our records.) Jability Company) |
| The Articles of Organization for this Limited Lie Florida document number L03000035872 | | |
| This amendment is submitted to amend the follo | wing: | |
| A. If amending name, enter the new name of | the limited liab | ility company here: |
| Premier Limousine FL, LLC | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limit | ted Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | 3801 Collins Avenue |
| (Principal office address MUST BE A STREET ADDRESS) | | Apartment 905 |
| | | Miami FL 33140 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 3801 Collins Avenue Apartment 905 |
| | | Miami FL 33140 |
| B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent: | | TA: |
| New Registered Office Address: | 17888 67th Court North | |
| THE ANGIOCIO CHICA PROPERTY. | Loxahatche | Enter Florida street address Graph Florida Zip Code |
| New Registered Agent's Signature, if changing Ro | | #: 06 |
| the provisions of all statutes relative to the pro accept the obligations of my position as regist | oper and complered agent as pegistered office change | te to act in this capacity. I further agree to comply with lete performance of my duties, and I am familiar with and provided for in Chapter 608, F.S. Or, if this document is address, I hereby confirm that the limited liability. Set Complete Comp |
| | Pega 1 | AFR ILLICOY DEFORES IN |

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

| ************************************** | Managing Member | | |
|--|-----------------|--------------|---------------------------------------|
| Title | Name | Address | Type of Action |
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| D. If amending any | other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Dated | ef so As |
| | Signature of a member or authorized representative Strategy |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

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PALLAHASSEE, FLORIDA