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**EXAMINER** 

### COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

# Premier Limousine FL, 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

<sub>.</sub>,860\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)

□\$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

APPROVEL AND FILED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premier Limousine FL, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L03000035872</u> .	
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 end with the words "Limi "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	324 Coconut Isle Drive
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33301
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	324 Coconut Isle Drive Fort Lauderdale, FL 33301
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address  Enter Florida STREET AND FILED  FILED  FILED
	City Zip Code N
New Registered Agent's Signature, if changing Registered Agent:	55 S

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 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 = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			Add
			Remove

D. If amending any other information	a, enter change(s) here: (Attach additional sheets, if necessary.)
December 18	, <u>2012</u> .
	Eto Xo
Signatu	are of a member or authorized representative of a member
Elizabeth A. Strol	e
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

AND FILED 12 DEC 20 PM 12: 55