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SECRETARY OF STATE
AND ASSECT FOR THE PARTY OF STATE

J. BRYAN
MAY 1 9 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT:	PREMIERE Name of Limi	LC15, LLC ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	MICH	AFL FIGUEIREDO Name of Person	<u></u>		
	5	OL-ARCH, JUC Firm/Company		g <b>==</b>	
	4917	SW 74th CORT	LAHASSI	HAY IS AHII: WI	FIL
	MIM	City/State and Zip Code	E. FL OR	18 AMII: 4	ILED
	E-mail address: (t	o be used for future annual report notifica	ation)	ĝm 🌥	
For further information co	oncerning this matter, please co	all:			
MICHAEL F Name of	1GUEREDO Person	at (305) 740 - 07 Area Code & Daytime	723 Telephone Number	<del></del>	
Enclosed is a check for th	e 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 Certificate of Certified Co (additional co	f Status &	osed)

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**

(Name of the Limited Lin (A Flo	ability Compar orida Limited L	ny as it now appears iability Company)	on our records.)		
The Articles of Organization for this Limited Liabi Florida document number <u>LO 5000 487</u>	lity Company 13	were filed on 5	-10-2005	and assigned  SECRETARY  SECRETAR	
This amendment is submitted to amend the following	ng:			影響の「田	
A. If amending name, enter the new name of the	e limited liabi	ility company here	:	明星口	
Sol-ARCH Realty	. 1.1.			705	
The new name must be distinguishable and end with th "L.L.C."	ie words "Limit	ted Liability Compan	y," the designation	"LLC" of the abbreviation	
Enter new principal offices address, if applicable	e:	4917 50	574 cas	2T	
(Principal office address MUST BE A STREET A	(DDRESS)	MAHÍ,	FL. 3315	55	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO.  B. If amending the registered agent and/or	registered off		ır records, <u>enter</u>	the name of the new	
registered agent and/or the new registered office	address here	<b>:•</b>			
Name of New Registered Agent:	MICHA	EL FIGUER	2EDO_	<del></del>	
New Registered Office Address:	4917 SW 74 COURT  Enter Florida street address				
_	MIANI		, Florida _	33155	
<b>N B 1 1 1 1 1 1 1 1 1 1</b>		City		Zìp Code	
New Registered Agent's Signature, if changing Regi	stered 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 Title Name | Address **Type of Action** PRIVITIVE COUGE VICE PRES. DULCE CONDE VICE POES. MICHAEL FIGUEREDO Remove  $\square$ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member Typed or printed name of signee DULCE

Page 2 of 2

Filing Fee: \$25.00