

LD5000082637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

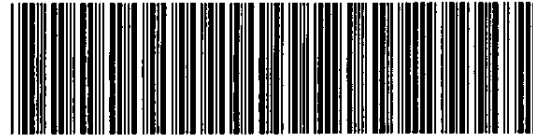
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12 FEB 27 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PREMIER COMMUNITIES, LLC

2125 West Washington Street
West Bend, WI 53095

TEL (262) 334-4444

FAX (262) 306-2880

February 24, 2012

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: *Premier Communities, LLC*

Dear Sir or Madam:

Enclosed herewith please find an original and one (1) copy of the Articles of Amendment of Premier Communities, LLC, adding Salvatore Izzo as a manager as well as a check in the sum of \$25.00 in payment of the filing fee in this matter. Kindly file the original Articles of Amendment and return a file-stamped copy to this office in the enclosed envelope.

Should you have any questions regarding the enclosed, please do not hesitate to contact the undersigned.

Very truly yours,

PREMIER COMMUNITIES, LLC


Michael P. Hickmann,
Manager

Enclosures

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Premier Communities, 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:

Bonnie Schaefer

Name of Person

Premier Communities, LLC

Firm/Company

2125 W. Washington Street

Address

West Bend, WI 53095

City/State and Zip Code

bonniejschaefer@att.net

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

For further information concerning this matter, please call:

Bonnie Schaefer

Name of Person

at (262)

334-4444

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**

Premier Communities, 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 8/19/2005 and assigned
Florida document number L05000082637.

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>
MGR	Salvatore Izzo	11517 State Road 52, #34 Hudson, FL 34669	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

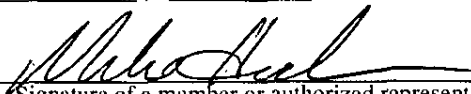
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB 27 PM 12:21

FILED

Dated February 24, 2012



Signature of a member or authorized representative of a member

Michael P. Hickmann

Typed or printed name of signee