

206000001754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

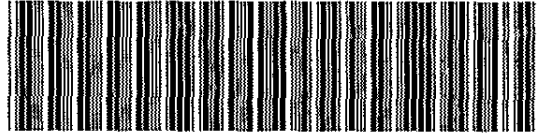
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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Premier Choice Financial Group, 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:

Lillia Cuffy  
(Name of Person)  
Premier Choice  
(Firm/Company)  
611 N 69th Way  
(Address)  
Hollywood, FL 33024  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lillia Cuffy at 954 724-1625  
(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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

**PREMIER CHOIC FINANCIAL GROUP, LLC**  
A Florida Limited Liability Company

The Articles of Organization were filed on 01/05/2006 and assigned document number L06000001754.

This amendment is submitted to attend the following:

1. The name of the business has been changed from PREMIER CHOICE FINANCIAL GROUP, LLC to PREMIER CHOICE CONSULTING GROUP, LLC.
2. The Address has changed from 611 N 69<sup>th</sup> Way, Hollywood, FL 33024 TO P.O. BOX 8844, CORAL SPRINGS, FL 33075.
3. The TAX ID IS 06-1765354.
4. CHANGE ADDRESS FOR MEMBERS FROM 9737 N SPRINGS WAY, CORAL SPRINS, FL 33076 TO P.O. BOX 8844 CORAL SPRINGS, FL 33075.

DATED August 14, 2006

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Lillia Guffy  
\_\_\_\_\_  
Printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 AUG 17 PM 3:28

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