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SECRETARY OF STATE
TALL AHASSEF FI ORIO

J. BRYAN

OCT 2 8 2009

EXAMINER

COVER LETTER

	ision of Corp			
SUBJECT:			national Holdings, L.L.C.	
		Name of Li	mited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are s	submitted for filing.	
Please return	all correspor	ndence concerning this mat	ter to the following:	
			Jacqueline A. Salcines	
			Name of Person	5 S
		Ja	icqueline A. Salcines P.A.	OSOCT 27 AMII: 44 SECRETARY OF STATE SECRETARY OF STATE
			Firm/Company	ASS. 23 F
		774	4 CIA/ CO Avenue Cuite 204	SEC T
	7711 SW 62 Avenue Suite 201 Address			
			7100000	器云
		Sc	outh Miami, Florida 33143	D.
			City/State and Zip Code	
		L mail address	jsalcines@aol.com : (to be used for future annual report notification)	
			•	
For further is	nformation co	oncerning this matter, pleas	e call:	
	Jacque	line A. Salcines	at (305) 669-5280	
	Name of	Person	Area Code & Daytime Telephone Number	-
Enclosed is	a check for th	e following amount:		
₹ \$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
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 International Holdings, L.L.C.

(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 SEF	PTEMBER 06, 20	06 and assigned	
Florida document numberL06000087259	<u>_</u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here			
	N/A			
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compan	y," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office add		ır records, <u>enter t</u>	he name of the nev	
Name of New Registered Agent:		N/A		
New Registered Office Address:	End	N/A Enter Florida street address		
	N/A	, Florida	N/A	
	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 **Type of Action** <u>Title</u> <u>Name</u> **Address** MGR HAQUEL EMAD 7701 SW 62 AVENUE ☐ Add √ Remove SUITE 201 SOUTH MIAMI, FL. 33143. HAQUEL EMAD MBR ✓ Add 7701 SW 62 AVENUE Remove SUITE 201 SOUTH MIAMI, FL. 33143. MBR NORBERTO C. GUIDO 7701 SW 62 AVENUE ☐ Add Remove SUITE 201 SOUTH MIAMI, FL. 33143 NORBERTO C. GUIDO MGR 7701 SW 62 AVENUE **✓** Add Remove SUITE 201 SOUTH MIAMI, FL. 33143 □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER 26 2009 Dated Signature of a member or authorized representative of a member HAQUEL EMAD

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00