

LO7000024757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan SEP 17 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Premium Resort Network, 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:

Deborah Lattuga
Name of Person

Firm/Company

3338 Charles MacDonald Jr
Address

Sarasota, FL 34240
City/State and Zip Code

d7runner1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

Deborah Lattuga at 941 400-0033
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

2013 SEP 16 PM 4: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Premium Resort Network, 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 3-6-07 and assigned
Florida document number LO7000024757

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:

Deborah Z. Lattuga

New Registered Office Address:

7255 BEE RIDGE Rd

Enter Florida street address

Sarasota

Florida

34241

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.

Deborah Z. Lattuga
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	MARION LATTUGA	1215 69 th AVE W	Add
		BRADENTON, FL	Remove
		34207	
MGRM	JOSEPH F. LATTUGA	3338 Charles MacDonnell Dr.	Add
		Sarasota, FL	Remove
		34240	
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

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

Dated

9-10-13

Signature of a member or authorized representative of a member

JOSEPH F. LATTUGA

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA