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COVER LETTER

TO: Registration Section
Division of Corporations

PREMIER PROPERTIES NATIONAL REFERRAL, 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:

VLADIMIR GOLIK

Name of Person

PREMIER PROPERTIES NATIONAL REFERRAL, LLC

Firm/Company

11420 NORTH KENDALL DRIVE, SUITE 207

Address

MIAMI, FL 33176

City/State and Zip Code

VGOLIK@KW.COM

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

For further information concerning this matter, please call:

KERRY GRANT

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 PROPERTIES NATIONAL REFERRAL, 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 Florida document number L0700045996	y were filed on MAY 1,	2007 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	bility company here:			
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		10 A 3 Th		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		DG -2 PK 12:		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our rec re:			
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	<u>:</u>			

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	LOUIS ERICE	11420 NORTH KENDALL DRIVE	_ 🗸 Add
		SUITE 207	Remove
		MIAMI, FL 33176	_
			Add
			Remove
			_
			Add
		Co	Remove
		Ac C A	13 AUG
	· 	SS SE	Add Add
		FLORIO RIO	Remove S1
		On A	-
			_ Add
			Remove
			-
	<u> </u>		Add
			Remove

). If amending any other inf	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
JULY 30	2013
	Who /
	Signature of a member of authorized representative of a member VLADIMIR GOLIK
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRE VANY OF STATE
TALLAHASSEE, FLORIDA