

L07000045996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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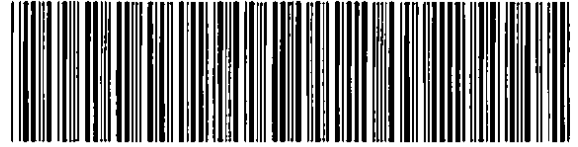
(Business Entity Name)

(Document Number)

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FILED  
2025 APR 16 AM 9:54  
SECTION 1, STATE  
TALLAHASSEE, FL

C/4/17/2025

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 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 F. Golik

Name of Person

Premier Properties National Referral, LLC

Firm/Company

11440 N Kendall DR, Suite 405

Address

Miami, Florida 33176

City/State and Zip Code

vgolik@ppnrllc.com

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

For further information concerning this matter, please call:

Vladimir F. Golik

305

431-2785

at ( )

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# FILED

2025 APR 16 AM 9:54

Premier Properties National Referral, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on May 1, 2007 and assigned  
Florida document number L07000045996.

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 contain 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:

Javier Olmedo

New Registered Office Address:

11440 N Kendall Drive, Suite 405

*Enter Florida street address*

Miami

*City*

Florida 33176

*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 605, 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.*

Signed by:

Javier Olmedo

If Changing Registered Agent, Signature of New Registered Agent

If attending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | <u>Address</u>                                    | <u>Type of Action</u>                      |
|--------------|-------------------|---------------------------------------------------|--------------------------------------------|
| MGR          | Javier Olemdo     | 11440 N Kendall Drive, Suite 405, Miami, FL 33176 | <input checked="" type="checkbox"/> Add    |
|              |                   |                                                   | <input type="checkbox"/> Remove            |
|              |                   |                                                   | <input type="checkbox"/> Change            |
| PRES         | Vladimir F. Golik |                                                   | <input type="checkbox"/> Add               |
|              |                   | 11420 N Kendall Drive, Suite 207, Miami, FL 33176 | <input checked="" type="checkbox"/> Remove |
|              |                   |                                                   | <input type="checkbox"/> Change            |
|              |                   |                                                   | <input type="checkbox"/> Add               |
|              |                   |                                                   | <input type="checkbox"/> Remove            |
|              |                   |                                                   | <input type="checkbox"/> Change            |
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