# 070000559//

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





500106799705

JB

07/30/07--01013--025 \*\*25.00

# **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT: PR		PROPERTIES, LL mited Liability Company)	<u></u>	
The enclosed Articles of	f Amendment and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
	ROBERT	McLEAN (Name of Person)	<del>.</del>	
	PREMIER F	INE PROPERTIES (Firm/Company)	s, LLC a	AINISIO
	4090 N OCE	FAN BLVD.	UL 30	ETERY CO
	FORT LAUDE	(Address)  FRDALE, FL 3: (City/State and Zip Code)	5, LLC 07 JUL 30 PM 80	F CORPORATIONS
For further information	concerning this matter, please	call:		
Sonja (Name	SAURER of Person)	at ( <u>954 ) 566 - 5</u> (Area Code & Daytim	797 Te Telephone Number)	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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 FINE

	(A Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on MAY 25, 2007 and assigned document number L07000055911.	
SECOND:	This amendment is submitted to amend the following:	
	CORRECT REGISTERED AGENT NAME TO:	
	ROBERT MCLEAN.	<u> </u>
		T JUL 7
		30
		SECRETARY OF STATEMS INVISION OF CORPORATIONS 107 JUL 30 AH 10: 48
		<b>18</b>
Dated	July 24, 2007.	
	Same	
	Signature of a member or authorized representative of a member	
	Sonta Saurer	
	Typed or printed name of signee	

Filing Fee: \$25.00