

Aug. 28. 2009 10:24 AM
Division of Corporations

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From:
Account Name : TRIDENT TITLE LLC
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PREMIER PROPERTY HOLDINGS FC10 LLC

Certificate of Status	0
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D. BRUCE

AUG 31 2009

EXAMINER

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No. 0186 P. 2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Premier Property Holdings FC10, 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:

Andrea M. Holloway

Name of Person

The Law Office of Paul A. Krasker, P.A.

Firm/Company

225 S. Olive Avenue

Address

West Palm Beach, Florida 33401

City/State and Zip Code

aholloway@kraskerlaw.com

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

For further information concerning this matter, please call:

Andrea M. Holloway

Name of Person

at (561)

515-2922

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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Premier Property Holdings FC10 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 June 11, 2007 and assigned
Florida document number L07000061334.

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:

Paul A. Krasker

New Registered Office Address:

225 S. Olive Avenue

Enter Florida street address

West Palm Beach

, Florida


33401

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Colin Halpern	2940 Le Bateau Drive Palm Beach Gardens, Florida 33410	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Nancy Nadell-Halpern	1 Kalisa Way, Suite 201 Paramus NJ 07652	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Colin Halpern	2940 Le Bateau Drive Palm Beach Gardens, Florida 33410	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Nancy Nadell-Halpern	1 Kalisa Way, Suite 201 Paramus NJ 07652	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated Aug 20, 2009

Colin Halpern Manager
Signature of a member or authorized representative of a member
Colin Halpern
Typed or printed name of signer

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Filing Fee: \$25.00

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