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SECRETARY OF STATE
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T. CLINE
APR-5 2011
EXAMINER

COVER LETTER

· TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	Premier Mark	et Solutions.com l	LLC		
SUBJECT;		ited Liability Company		_	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return all correspo	ondence concerning this matte	r to the following:			
		Tamara Petruskova			
		Name of Person			
	Firm/Company				
	830 North John Young Address				
		Kissimmee FL 34741	1		
	INFO@PREM	City/State and Zip Code	TIONS.COM		
For further information co	E-mail address: (oncerning this matter, please o	to be used for future annual re	port notification)	2011 A SECR TALLA	(T
TAMARA	A PETRUSKOVA	at (_407_)	493-8725	2011 APR -4 SECRETARY ALLAHASSI	
Name of	f Person	Area Code &	& Daytime Telephone Num	OF STATE	
Enclosed is a check for th	ne following amount:			ATE RID	
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is	Certifi enclosed) Certifi	Filing Fee, icate of Status & ied Copy ional copy is enclosed	l)
MAILING ADDRESS: Registration Section Division of Corporations		Registratio	COURIER ADDRESS: on Section of Corporations	:	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIER	MARKET SOLUTIONS.	COM LLC	
(Name of the Limited	I Liability Company as it now appe A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on	January 29,200	8 and assigned
Florida document number L0800001	0076		
This amendment is submitted to amend the following	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liability company h	ere:	
The new name must be distinguishable and end wi 'L.L.C."	ith the words "Limited Liability Com	pany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applic	cable:		Pro
Principal office address MUST BE A STREI	ET ADDRESS)		F 70
			ARE SA
			\$35 + 1
Enter new mailing address, if applicable:	444 <u>- 1844 - 18</u>		FIS S
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
			ATE RIDA
B. If amending the registered agent and/ registered agent and/or the new registered o		our records, enter	the name of the nev
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	830 North John Young		
	E	Enter Florida street a	ddress
	Kissimmee	, Florida _	
	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, <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 **Title Address Type of Action** <u>Name</u> . ☐ Add Remove ☐ Add Remove ☐ Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar) Dated 03.30.11 2011 Signature of a member or authorized representative of a member Tamara Petruskova Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00