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SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Sect Division of Corpo						
SHRI							
	ECT:		Land Depot, LLC ted Liability Company				
The er	nclosed Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please	return all correspond	dence concerning this matter	to the following:				
Marco Palermo							
			Name of Person				
Premium Land Depot, LLC							
			Firm/Company		<u>.</u>		
	7002 Hiawassee Overlook Drive						
			Address		· · · · · · · · · · · · · · · · · · ·		
		0	rlando, Florida 32835				
			City/State and Zip Code		<del></del>		
		E-mail address: (t	palermo2@cfl.rr.com o be used for future annual repo	rt notificatio	n)		
For fu	rther information con	acerning this matter, please c	all:				
	Marc	co Palermo	at ( 407 ) Area Code & I	234	I-9172		
	Name of F	Person	Area Code & I	Daytime Tel	ephone Number		
Enclos	ed is a check for the	following amount:					
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS:		STREET/C	OURIER A	ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premium Land	l Depot, LLC					
( <u>Name of the Limited Liability Compan</u> (A Florida Limited L	iy as it now appeal iability Company)	rs on our records.)				
The Articles of Organization for this Limited Liability Company	were filed on	JULY 17,2008	and assi	gned		
Florida document numberL08000069370						
This amendment is submitted to amend the following:						
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company her	<u>·e</u> :				
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Compa	any," the designation "L	LC" or the at	breviation		
Enter new principal offices address, if applicable:	7002 Hiawassee Overlook Drive					
(Principal office address MUST BE A STREET ADDRESS)	ripal office address MUST BE A STREET ADDRESS) Orlando, FL 32835					
Enter new mailing address, if applicable:	r new mailing address, if applicable: 7002 Hiawassee Overlook Drive					
(Mailing address MAY BE A POST OFFICE BOX)	Address MAY BE A POST OFFICE BOX) Orlando, Fi 32835					
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	¥	our records, enter t	11 APR 15 SEGRETARY TALLIAHASSE	7		
<del></del>	City	, Florida	Zip Onde			
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>	Type of Action
MGRM	BRANDON BOOTH	6214 STEVENSON DRIVE STE 203 ORI ANDO, FL 32835	
			Add Remove
			Add Remove
<u> </u>			Add Remove
<del></del>			Add Remove
	<del></del>		Add Remove
D. If amend	ing any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
			<del>-</del>
			_
Dated	APRIL 11	2011	
	Signature of a m	number or authorized representative of a member	<u> </u>
		MARCO PALERMO	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00