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





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SECRETARY OF STATE
ASSCRIBE TARSSEE, FLORID

M. THOMAS

APR 27 2009

EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Cor			,
SUBJECT: Opportu	inity Express		<b>5</b>
	(Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	amitted for filing	
Please return all correspo	ndence concerning this matter	to the following:	
	Linda J. Laviano		
	•.	(Name of Person)	
	TALLAHASSEE. FLORIC		
	2446 McKinley Street		
		(Address)	SEE PA
	Hollywood, FL		F 5 7.5
		(City/State and Zip Code)	RIE
For further information c	oncerning this matter, please c	all:	
Linda J. Laviano		at ( 954 ) 925-3737	
(Name of Person)		(Area Code & Daytime Te	elephone Number)
Enclosed is a check for the	ne 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 Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns·

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Opportunity Express						
(Name of the Limited)	Liability Company as it	now appears on our records. Company)				
(//	i lorida Emilica Elacility	Company)				
The Articles of Organization for this Limited Lia	The Articles of Organization for this Limited Liability Company were filed on August 25, 2008 and assigned					
Florida document number L08000081057						
This amendment is submitted to amend the follo	wing:	•	For The Third			
A. If amending name, enter the new name of	the limited liability co	mpany here:	[CG = 1			
Premier Realty Solutions, LLC						
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liab	oility Company," the designation	on "LLC" or the abbreviation			
Enter new principal offices address, if applica	ıble:		5 5			
(Principal office address MUST BE A STREET	TADDRESS)		25 C			
			<i>y</i>			
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE I	30X)					
muress with Bellines of the Bellines						
			•			
B. If amending the registered agent and/o	r registered office ad	dress on our records, ent	er the name of the new			
registered agent and/or the new registered of		,				
			·			
Name of New Registered Agent:	Linda J. Laviano	•				
New Registered Office Address:	2446 McKinley Street					
	(Enter Florida street address)					
	Hollywood	, Florida	a 33020			
	(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 **Address Type of Action Title** <u>Name</u> MGR Linda J. Laviano 2446 McKinley Street **₽** ✓ Add Hollywood, FL 33020 Remove Remove ☐ Add Remove **□** Add Remove Add 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated April 20, 2009 2009 Signature of a member or authorized representative of a member Linda J. Laviano

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00