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S. HAWKES

JUL 29 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Premium Group 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:

Name of Person

Premium Group LLC

Firm/Company

3550 Biscayne Blvd # 602

Address

Miami, FL 33137

City/State and Zip Code

Premiumgroup11c@hotmail.com

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

For further information concerning this matter, please call:

David Moya

Name of Person

at (786) 333-7550

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Premium Group 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 12/29/2008 and assigned

Florida document number LO8000117018

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)

3550 BISCAYNE BLVD

602

MIAMI, FL. 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3550 BISCAYNE BLVD

602

MIAMI, FL. 33137

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:

CLAUDIO A. CARLOT

New Registered Office Address:

6893 NW 179 ST # 305

Enter Florida street address

HIALAH

City

Florida

33015

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.

Claudio Carlot

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>
MGR	CLAUDIO A CARLOT	6893 NW 179TH ST # 305 HIALEAH, FL. 33015	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JOSE BISONO	10541 NW 29TH COURT MIAMI, FL. 33147	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DOUGLAS A GUERRERO	10541 NW 29TH COURT MIAMI, FL. 33147	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	David Moya	3550 BISCAYNE Blvd # 602 MIAMI, FL. 33137	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated Tuesday, July 27, 2010



Signature of a member or authorized representative of a member

DAVID E MOYA

Typed or printed name of signee