## L09000007195

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ASSESSED APR 0 3 2014

## **COVER LETTER**

TO:		istration Sect sion of Corpo					
SUBJI	CT:	Premier	Group	Name of Lin	mited Liability Company	· · · · · · · · ·	
The en	closed	Articles of A	mendment and	i fee(s) are su	abmitted for filing.		
Please	return	all correspond	lence concern	ing this matte	er to the following:		
			Nina	Janowit	Name of Person		
			7036	w Pal	Firm/Company		
					Address		
			Boca	e Ration,	Y 33 4 3 3 City/State and Zip Cod	e	
			<u> </u>	113 @ g	City/State and Zip Cod  mail . com  (to be used for future annual	al report notificati	ion)
For fur	ther in	formation cor	cerning this n				
<u>Nir</u>	ia Y	angunte Name of F	Person		at ( <u>934</u> ) Area Code	Daytime Tel	dephone Number
Enclos	ed is a	check for the	following am	ount:			
\$2:	5.00 Fi	lling Fee	S30.00 Fill Certification	ling Fee & ate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		□ \$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

Premier Group (Name of the Limit	Invertmenty	LLL	on our records )		
(Name of the Man	(A Florida Limited Lia	bility Company)	on out records.		
The Articles of Organization for this Limited L	iability Company w	ere filed on		and as	signed
Florida document number	·				•
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liabili	ty company hei	<u>·e</u> :		
The new name must be distinguishable and end with the	words "Limited Liability	ty Company," the d	esignation "LLC" or th	ne abbreviation "	L.L.C."
Enter new principal offices address, if applic	cable:				
(Principal office address MUST BE A STREI	ET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	<del></del>		
Enter new mailing address, if applicable:					*
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				
	-				
B. If amending the registered agent and		ce address on	our records, ent	er the name	of the ne
registered agent and/or the new registered o	ffice address here:		•	TASE 14	
Name of New Registered Agent:	Maria Sciu	Mara	•	MAR CREE AHA	17
New Registered Office Address:		lalnopo	PK d da street address	31 59EF0	Greens B
				FLO	
	Boca calo	City	, Florida	5733 Or: Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as registere	ed agent and agree	to act in this co	apacity. I further	agree to com	ply with th

Manc SoularIf Changing Registered Agent, Signature of New Registered Agent

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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 605, 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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** Nina Yanowitz 7036 W Polmetro 1k d DAdd MGRM Boca Caton, A 33433 □ Add ☐ Remove ☐ Add ☐ Remove □ Add ☐ Remove □ Add ☐ Remove

				****	
ctive date ffective dat ate this doc	e, if other than the must be specific, ca	he date of filing: _ nnot be prior to date o Florida Department of	f receipt or filed date (State)	and cannot be more than	_ (optional) 90 days after
ate this doc	ument is filed by the	Florida Department of	State) .		
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