

LA000003324

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000246590 3)))



H090002465903ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

L. SELLERS
NOV 24 2009
EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PREMIER MEDIATION GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

09 NOV 23 AM 6:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Electronic Filing Menu Corporate Filing Menu

Help

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

09 NOV 23 AM 8:05

FILED

H09000246590
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PREMIER MENATION 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 1/12/09 and assigned
Florida document number L09000003324.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip

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

H09000246590

H09000246590

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

Title	Name	Address	Type of Action
MGRM	LOGORTZ, ANTONIO	9211 SUNSET DR SUITE 101 MIAMI FL 33173	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
S/MGR	HASSAN, ROBERT	9737 N.W. 41 ST SUITE 229 DORAL FL, 33170	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	HASSAN, MARIA	9211 SUNSET DR SUITE 101 MIAMI FL 33173	<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.)

CHANGE MARTIN, OLENIA TITLE FROM "MGRM" TO
"MGR"

Dated November 23, 2009.

[Signature]
Signature of a member or authorized representative of a member

ROBERT HASSAN
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

H09000246590

FILED
 09 NOV 23 AM 8:05
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA