

L090000037968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

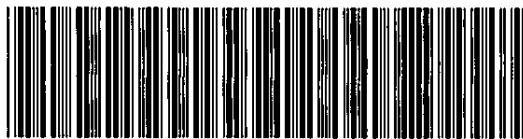
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. HARVEY

SEP 08 2010

EXAMINER

09/02/2010 11:04 3348341719

SHF / HDC OFFICE

PAGE 01



CASHIER'S CHECK

08/26/2010

5003990256

Hiram D. Critchfield / Premier Financial Mgmt, LLC
Purchaser / Purchased For

SIXTY DOLLARS AND 00 CENTS

PAY TO THE ORDER OF: Florida Dept of State

\$60.00

Fee \$0.00

Regions Bank

NOT NEGOTIABLE
CUSTOMER COPY

Branch AL00173
CC173011



CASHIER'S CHECK

08/26/2010

5003990256

61-1626
Hiram D. Critchfield / Premier Financial Mgmt, LLC
Purchaser / Purchased For

SIXTY DOLLARS AND 00 CENTS

PAY TO THE ORDER OF: Florida Dept of State

\$60.00



Regions Bank

Authorized Signature
Branch AL00173
CC173011

#5003990256# @082000019: 0000742551#

08/18/2010 11:55 3348341719

SHF / HDC OFFICE

PAGE 02

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREMIER FINANCIAL MANAGEMENT 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:

HIRAM D CRITTENDEN
Name of Person

PREMIER FINANCIAL MANAGEMENT, LLC
Firm/Company

3066 ZELDA ROAD #224
Address

MONTGOMERY, AL 36106
City/State and Zip Code

hiram.crittenden@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BERTRAND FALLS at 678.409-0020
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP - 8 PM 1:50

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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

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PAGE 03

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PREMIER FINANCIAL MANAGEMENT LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/17/09 and assigned
Florida document number LO9000037968

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 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

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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	Kirk BRADACH	11129 LAKE BUTLER BLVD WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
------	--------------	--	--

MGRM	PETE PETERSON	2402 S. ARDSON PLACE TAMPA, FL 33629	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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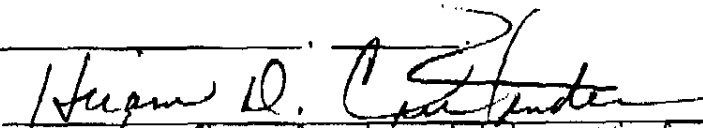
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____


Signature of a member or authorized representative of a member
HIRAM D. CRITTENDEN
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED
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TALLAHASSEE, FLORIDA