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(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							

Special Instructions to Filing Officer:

A. LUNT

AUG - 3 2009

EXAMINER

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♦ COVER LETTER

TO: Registration Division of	n Section Corporations					
SUBJECT:	Premier Res	Premier Residential Group, LLC				
	Name of Lim	Name of Limited Liability Company				
	s of Amendment and fee(s) are subsequence concerning this matter					
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		-				
	SEC	2009				
		S.W. 10th Street, Suite	- AX	듵	`	
		2009 JUL 31				
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		15.	PM 2: 13			
	t notification)	RED				
For further information	on concerning this matter, please	call:		Þ	ω	
Cha	arles Hernicz, Esq.	at (561)	753-7511			
	ne of Person		aytime Telephone Numb	er		
Enclosed is a check for \$25.00 Filing Fee	or the following amount: \$\sum{7}\$30.00 Filing Fee & Certificate of Status}	\$55.00 Filing Fee & Certified Copy (additional copy is end		iling Fee, cate of Statused Copy	s &	
M.A	AILING ADDRESS:			onal copy is	enclos	ied)

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

' ARTICLES OF AMENDMENT 'TO ARTICLES OF ORGANIZATION OF

Premie (Name of the Limited L (A F	er Residen iability Compar lorida Limited L	tial Group, LLC by as it now appears on liability Company)	our records.)		
The Articles of Organization for this Limited Liab Florida document number		were filed on	06/02/2009	and assign	ned
This amendment is submitted to amend the follow	/ing:				
A. If amending name, enter the new name of the	he limited liabi	ility company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company,"	the designation "	LLC" or the abb	reviation
Enter new principal offices address, if applicab	1450 S.W. 10th	Street, Suite 8	ZOE TAL SE		
(Principal office address MUST BE A STREET	ADDRESS)	Delray Beach, Fl		9 JUL CRUT	- 77
		1450 S.W. 10th S	24	SSEE, F	F
Enter new mailing address, if applicable: <i>(Mailing address MAY BE A POST OFFICE Bo</i>	Delray Beach, Fl	•	SIA N	O	
Muning duaress MAT BEAT UST OFFICE BO	<u> </u>		⊋ती क्व		
B. If amending the registered agent and/or registered agent and/or the new registered office			records, <u>enter</u>	the name of t	the new
Name of New Registered Agent:	Joseph Card	osella, Trustee, Th	<u>e Carosella F</u>	amily Trust	
New Registered Office Address:	1450 S.W. 1	10th Street, Suite 8			
			Florida street add		
		elray Beach , Florida		33444 Zip Code	
		City		zip Coae	

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 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** <u>Address</u> Type of Action Joseph Carosella MGRM _ Add √ Remove The Carosella Family Trust MGRM ✓ Add 1450 S.W. 10th Street, Suite 8 Delray Beach, FL 33444 Remove ☐ Add Remove ☐ Add Remove m_c FSTA Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 July 30 Dated _____ Signature of a member or authorized representative of a member oseph Carosella, Trustee, The Carosella Family Trust Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00