409000054322

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(Document Number)		
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07/17/13--01004--012 **30.00

COVER LETTER

▲TO: Registration Section
Division of Corporations

SUBJECT: Premier Group of Miami

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:

Carolina A. Pareja

Name of Person

Premier Group of Miami LLC

Firm/Company

PO Box 172168

Address

Miami, FL 33017

City/State and Zip Code

CarolinaPYS@gmail.com

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

For further information concerning this matter, please call:

Carolina A. Pareja

_305\984-6906

Name of Person

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

Premier Group of Miami		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our reco iability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L09000054322</u>	were filed on 06/04/2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the design	mation "Lico" or the abbreviation
Enter new principal offices address, if applicable:		70 P
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 172168 Miami, FL 33017	FLANDS RO
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
	, FI	orida
	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

It 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>	Address	Type of Action
MGR	HECTOR PICHARDO	7090 NW 179TH ST	Add
		UNIT 212	Remove
		MIAMI, FL 33015	
			Add
		 	Remove
	·		~ 2
			SECSEC Add
		, 	SSH Remove
			Remove
			Add
			Remove
			Add
			Remove
			.
			Add
			Remove

amending any other inform	ation, enter change(s) here: (Attach additional she	ets, if necessary.)
July 10th	<u>2013</u> .	
Si	gnature of a member or authorized representative of a m	ember
	Typed or printed name of signee	
	Page 3 of 3	71 PS
	Filing Fee: \$25.00	2013 JUL 17 SECRETAR FALLAHASS
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