## #10900087947

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
_		
PICK-UF	MAIL MAIL	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions	to Filing Officer	
Special Instructions	s to Filling Officer.	

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K. SALY EXAMINER

959 **2 7** 2013

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

PREMIER RE INVESTMENTS, LLC.

SUBJECT:

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:

MARTHA TOLEDO		
Name of Person		
Firm/Company		
5901 SW 45 STREET		
Address		
MIAMI, FL 33155		
City/State and Zip Code		
LOUIS@TSROOFINGSYSTEMS.COM		
E-mail address: (to be used for future annual report notification)		

For further information concerning this matter, please call:

LOUIS TOLEDO

305 519-1909

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

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## PREMIER RE INVESTMENTS, 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 Com	pany were filed on 09/11/2009	and assigned
Florida document number L0900087947		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
ALIBABA ENTERPRISES, LLC.		<u> </u>
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	SAME ADDRESS	
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
		,
Enter new mailing address, if applicable:	SAME ADDRESS	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	street address
	, Fl	orida
· <del>·</del>	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and		

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 chapter in the vegistered office address. Thereby confirm that the limited liability

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document 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

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 <u>Title</u> Type of Action <u>Name</u> <u>Address</u> Remove

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necess	ary.)
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ited	···································	
	All for	
	Signature of a member or authorized representative of a member	
	MARTHA TOLEDO	,
	Typed or printed name of signee	

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Filing Fee: \$25.00