L100000/8879

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u>.</u>
(Document Number)	
Certified Copies Certificates of Statu	us
Special Instructions to Filing Officer:	

A. LUNT

DEC -5 2011

EXAMINER

Office Use Only



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12/02/11--01016--003 **25.00

SECREPARY OF STATE FALLAHASSEET FLORIDE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Premier Reate & 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:	
Julio Veldivize Name of Person	
Firm/Company	
1447 Junane Loop Address	
Address Apollo Seach FL 33572 City/State and Zip Code Solve Val d 10 Parail com B-mail address: (to be used for future annual report notification)	F
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \$\$\$ \$30.00 Filing Fee &	ed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section	

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

tenie	r I Ken	tals	LLC		<u> </u>	
(Name of the I	imited Liability Compa (A Florida Limited	any as it now app Liability Compar	pears on our ly)	records.		
The Articles of Organization for this Lin	nited Liability Company	y were filed on _	2/18/	2010	and as sign	ned
Florida document number <u>L 1 0000</u>	018879					****
This amendment is submitted to amend					-2 PM	
A. If amending name, enter the new n	ame of the limited lia	bility company	<u>here</u> :		5	Ę
					<u> 52</u>	
The new name must be distinguishable and "L.L.C."	end with the words "Lin					
Enter new principal offices address, if	applicable:	144	7 J.	umana	L 335	
(Principal office address MUST BE A.	STREET ADDRESS)	Apollo	Bec	d F	L 335	72
Enter new mailing address, if applical	ole:				· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OF	FICE BOX)				, .,	
					· · ·	·····
				_		
B. If amending the registered agen registered agent and/or the new regist			n our reco	ords, <u>enter (</u>	the name of t	he new
		<u> </u>				
Name of New Registered Ager	ıt:					
	-				· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address	<u> </u>		Enter Flori	ida street add	ress	
		DINGS 1: 101 HAG SH CC1 WART COS				
		City	 	, Florida	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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action** Address **Title** Julio Valdivia Tenille Valdivia ☐ Add ☐ Remove Remove 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 J/W Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager