

L1 0000115524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

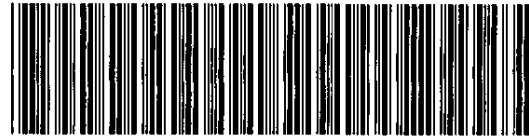
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Premier Training 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:

Maria Terrizzi

Name of Person

Premier Training LLC

Firm/Company

5206 Mystic Point Ct

Address

Orlando FL 32812

City/State and Zip Code

Mterrizzi@hotmail

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

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STATE OF FLORIDA  
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Maria Terrizzi

407 489-9616

at ( )

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

EFFECTIVE 01-01-2014

EFFECTIVE 01-01-2014

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**Premier Training 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 Company were filed on 11/05/2010 and assigned  
Florida document number L10000115524.

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)**

2401 Eastsouth St

Orlando, FL 32803

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

5206 Mystic Point Ct

Orlando, FL 32812

**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: Maria Terrizzi

New Registered Office Address: 2401 Eastsouth St

Enter Florida street address

Orlando, Florida 32803

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**

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Antonino Terrizzi	4642 Raintree Ridge Rd Orlando, FL 32837	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Maria Terrizzi	5206 Mystic Point Ct Orlando, FL 32812	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Joseph Fecker	5206 Mystic Point Ct Orlando, FL 32812	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<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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SILVER

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated

Dec. 27 2013

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x *Antonino Terrizzi*

Signature of a member or authorized representative of a member

Antonino Terrizzi

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE  
CALIFORNIA