L10000121829

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SECRETARY OF STATE OF CORPORATIONS

N. Culligan JAN 19 2017

COVER LETTER

TO:	Registration Sec Division of Corp				
SUВЛ	rær.	Premium F	ield Services LLC		
50,00	<u></u>	Name of Limi	ted Liability Company		
		Amendment and fee(s) are sub			
			. Holly Fossen		
Name of Person					
Premium Field Services LLC					
Firm/Company					
	P.O. Box 66081				
Address					
	Saint Petersburg, FL 33736				
	City/State and Zip Code				
		hfo: E-mail address: (1			
For fu	ther information co	oncerning this matter, please c	all:		
	Но	lly Fossen	at (813)	317-4	766
Name of Person		Area Code & Daytime Telephone Number			
Enclos	ed is a check for the	e following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐\$55.00 Filing Fee & Certified Copy (additional copy is en	closed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:		STREET/C	OURIER AD	DRESS:	

- 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



Premit	im Field Services LL	<u> </u>
(Name of the Limited Liab (A Flori	<mark>ility Company as it now appea</mark> ida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liabilit	ry Company were filed on	11/24/2010 and assigned
Florida document numberL10000121829	·	
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on o ddress here:	our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	ter Florida street address	
<u>-</u>	Citv	, Florida Zip Code
	~	Zip Couc

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

Title Name Address

MGR Richard Fossen 360 72nd Ave
Saint Petersburg FL

Holly Fossen

D. If amending any other information, enter

January 11th

MGR

Dated

SELL	360 72nd Ave	Add
	Saint Petersburg FL 33706	Remove —
<u> </u>	360 72nd Ave Saint Petersburg_FL_33706	✓ Add Remove
		Add Remove
		Add Remove
		Add Remove
		Add Remove
mation, enter change(s	s) here: (Attach additional sheets, if necessary.)	
	And the second of	- - • • •
2011		FILL NAME OF CA
Signature of a member or	authorized representative of a member	EU ORPORATII DRPORATII
-110 11	printed name of signee	

Type of Action

Page 2 of 2

Filing Fee: \$25.00