L10000126404

(Re	equestor's Name)	
(Ad	ldress)	
· (Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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12/20/10--01012--008 **25.00

SECREJARY OF STATE OF CORPORATION

F. HAMPTON BEC 8 I 2010 EXAMINER

COVER LETTER

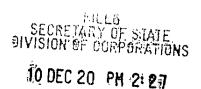
TO:	Registration Sec Division of Corp			
SUBJE	e c ⊤•	PREMIER	R LEASING LLC	
SOBOL	<u></u>	Name of Limit	ed Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	dence concerning this matter	to the following:	
			Joseph E. Seagle	
			Name of Person	
Joseph E. Seagle, PA				
			Firm/Company	
		92	4 West Colonial Drive	
,			Address	
		0	rlando, Florida 32804	
		- , , , , , , , , , , , , , , , , , , ,	City/State and Zip Code	
	,	E-mail address: (t	oe@seaglelaw.com o be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please c		,
	Jose	ph E. Seagle	at ('	770-0100
-	Name of	Person	Area Code & Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$25	5.00 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)
	Registra	NG ADDRESS:	STREET/COURING Registration Section	1

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



·	PREMIER LE	ASING LLC			
(Name of the Limite (.	d Liability Compa A Florida Limited I	ny as it now appears of iability Company)	on our records.)		
The Articles of Organization for this Limited I	Liability Company	were filed on De	cember 9, 2010	and assigned	
Florida document numberL1000012	6404				
:	,				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name;	of the limited liab	ility company here:			
:					
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Company	," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable:		522 S. Hunt Clu	ub Boulevard #5	669	
(Principal office address MUST BE A STREET ADDRESS)		Apopka, Florida	32703		
Enter new mailing address, if applicable:		522 S. Hunt Clu	ıb Boulevard #5	69	
(Mailing address MAY BE A POST OFFICE BOX)		Apopka, Florida	32703		
	•				
B. If amending the registered agent and registered agent and/or the new registered of			records, <u>enter t</u>	he name of the nev	
Name of New Registered Agent:	Gabriele Po	wers	·		
New Registered Office Address:					
		Enter Florida street address			
		Apopka	, Florida	32703	
		City		Zin 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:

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
		nge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATENS ONVISION OF CORPORESTATIONS
Dated _	g por	ber or authorized representative of a member	
	Signature of a ment	Gabriele Powers	
	Тур	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00