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	(Requestor's Name)
	(Address)
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PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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COVER LETTER

TC	D: Registration Secti Division of Corpo			
SU	BJECT:		I A LLC ited Liability Company	
Th	e enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Ple	ease return all correspond	ence concerning this matter	to the following:	
		Sylvi	Name of Person	M
			Name of Person	
			PREMIA Firm/Company	
		6236 S	W 26 th ST	
			Address	
		Miami	FL 3315	<u>.</u>
			City/State and Zip Code	t.
		Sylvain E-mail address: (1	6 premia - inv	ification)
Fo	r further information cond	cerning this matter, please or		
	Sylvain M Name of Po	y 2 Oct M	at (<u>786)</u> <u>333</u> Area Code Daytin	ne Telephone Number
En	closed is a check for the t	ollowing amount:		
K)	\$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

PREMIA	
(Name of the Limited Liability (A Florida l	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co	mpany were filed on $01/24/2011$ and assigned
Florida document numberL 11000009916	_
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3950 SW 74th Court
(Principal office address MUST BE A STREET ADDRE	<u>:ss)</u> <u># 2201 D7</u>
	Miami FL 33156
Enter new mailing address, if applicable:	6236 SW 26 th ST
(Mailing address MAY BE A POST OFFICE BOX)	Miami FL 33155
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, enter the name of the new ess here:
Name of New Registered Agent: 59	Ivain Mazioum
New Registered Office Address: 62	36 SW 26th ST Miam, FL 33155 Enter Florida street address
	Miami Florida 33155 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			☐ Change
			
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effective date is	other than the da listed, the date must be nserted in this block	e specific and c	annot be prior				
ument's effecti	ve date on the Depa	irtment of Sta	ate's records.				
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ed	ownber	21 st ,	2017	<u> </u>			
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Filing Fee: \$25.00