L11000106548

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SECRETARY OF STATE

L SAULSBERRY EXAMINER

EXAMINER

NOV 1 6 2011 1 6 2011

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Premier Hulfi Services 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:		
Reterlante Dantes Name of Person		
Fremier Multi Services LLC Firm/Company		
3500 N. State RD 7	20 TA	
Lauderdale Lakes FL 33319 City/State and Zip Code	2011 NOV 14 SECRETARY TALLAHASSI	The American
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:	AH 9:	(
Name of Person at (954) 380-070 Area Code & Daytime Telephone Number	36 10A	
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified	te of Status &	d)

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

Hemier Multi Services	LLC
(Name of the Limited Liability Company as it no (A Florida Limited Liability Company)	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	d on <i>September 16, 2011</i> and assigned
Florida document number <u>L //000/06548</u> .	7
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and end with the words "Limited Liabili"L.L.C."	ity Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	7 20 Z
	HASS
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	
	क्रिके छ
	00g
B. If amending the registered agent and/or registered office address here:	ress on our records, enter the name of the new
egistered agent and/or the new registered orace address here.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title **Address Type of Action** <u>Name</u> Julette Clark-Brown 3500 N. State RD7 Lauderdale Lakes, FC Lakes, FL 3339 ARemove ☐ Add Remove □ Add ☐ Remove ∏Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 10-31-11 Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

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Filing Fee: \$25.00