

L11000128321

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EXAMINER



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03/01/12--01010--008 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 15 AM 09:10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **PREMIER EXPRESS LLC**

DOCUMENT NUMBER: **L110000128321**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM PERRELLI

(Name of Contact Person)

PREMIER EXPRESS LLC

(Firm/ Company)

16699 GOLFVIEW DR

(Address)

WESTON FL 33326

(City/ State and Zip Code)

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

For further information concerning this matter, please call:

WILLIAM PERRELLI

(Name of Contact Person)

at **954 465-3778**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 15 AM 8:10

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

PREMIER EXPRESS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 15 AM 8:10

The Articles of Organization for this Limited Liability Company were filed on 3/9/12 and assigned
Florida document number L110000128321

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)

16699 Golfview Dr
Weston, FL 33326

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16699 Golfview Dr
Weston, FL 33326

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:

William Perrelli

New Registered Office Address:

16699 Golfview Dr.

Enter Florida street address

Weston, Florida 33326
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.

William Perrelli
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>
MGR	Dennis Cinnante	914 N. 13TH AVE HOLLYWOOD, FL 33019	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PT	William Perrelli	16699 Golfview Dr Weston, FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	Kristin Lebron	325 SE. 3rd TERR DANIA, FL 33004	<input type="checkbox"/> Add <input checked="" 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

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

Dated March 9th, 2012

William Perrelli
Signature of a member or authorized representative of a member

William Perrelli
Typed or printed name of signee