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MAY 15 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 25, 2012

WILLIAM EDWARDS 4224 HENDERSON BLVD. TAMPA, FL 33629

SUBJECT: PREMIERE INVESTORS PAYROLL DATA PROCESSING, LLC

Ref. Number: L12000023852

We have received your document for PREMIERE INVESTORS PAYROLL DATA PROCESSING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 412A00012646

TIE HA AI JOHN SILL

COVER LETTER

Division of Corporations
SUBJECT: Remieve Nuctors Payvoll Data Processing, 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:
Farrah Fielder Name of Person
SCI Companies Firm/Company
4224 W. Henderson Blvd.
Tampa, Fl 33629 City/State and Zip Code ES E
For further information concerning this matter, please call: Taval Felder at 40 623-5135
For further information concerning this matter, please call:
Taval Felder at 70 623-5135 SS
Enclosed is a check for the following amount: Alveady Submitted.
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$}
MAILING ADDRESS.

MAILING ADDRESS:

TO:

Registration Section

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

Premiere Investors (Name of the Limited Liab) (A Flori	Payroll	DataR	ocessina,	LLC	
(<u>Name of the Limited Liab</u> (A Flori	ility <mark>Compan</mark> da Limited Li	y as it now apper lability Company)	ars on our records.)	
The Articles of Organization for this Limited Liabilit Florida document number <u>L 120 00023 85</u>	y Company	were filed on $\overline{1}$	ebruary 20,	ZOIZ and as	signed
This amendment is submitted to amend the following	; ;				
A. If amending name, enter the new name of the Premiere Payroll Da. The new name must be distinguishable and end with the "L.L.C."	imited liabi La Pr words "Limit	lity company he -OCESSIN ed Liability Com	ere: Q_LLC pany," the designation	on "LLC" or the	abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	DRESS)	N/A		PE SE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2	N/A		SSE	
B. If amending the registered agent and/or re registered agent and/or the new registered office a			our records, en	ter the name	of the new
Name of New Registered Agent:	N/A	···			
New Registered Office Address:		E	nter Florida street	address	
	, Florida				
		City	,	Zip Cod	'e

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

or Managing Member being added or removed from our records: If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager MGR = Manager MGRM = Managing Member **Title** Name **Address Type of Action** ☐ Add Remove Remove Add 🔲 Remove move ΑŢ]Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012. Dated signature of a member or authorized representative of a member S N (NY POY O TY)
Typed or printed rame of signee

Page 2 of 2

Filing Fee: \$25.00