

L1200000017

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : RC TAX SERVICE LLC
Account Number : 120140000083
Phone : (407)932-0040
Fax Number : (407)520-5473

2018 OCT -8 A 5:20
FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PREMIUM SERVICES USA LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 08 |
| Estimated Charge | \$25.00 |

2018 OCT -8 AM 11:54

Electronic Filing Menu

Corporate Filing Menu

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(NICK)

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

PREMIUM SERVICES USA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/05/2012 and assigned Florida document number L12000038017.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

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 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 = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|---------------------------------------|---|
| MGR | EDIFER J. RODRIGUEZ | BALD CYPRESS DR APT | <input checked="" type="checkbox"/> Add |
| | | KISSMEE , FL 34744 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | EDWIN R. VALDEZ | 108 MOBILE LN | <input checked="" type="checkbox"/> Add |
| | | OCOE, FL 34761 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | DIEGO A. MORENO | 1660 PEREGRINE FALCONS WAY APT 203 | <input checked="" type="checkbox"/> Add |
| | | ORLANDO, FL 32837 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

Multiple horizontal lines for amending information.

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A 5:21
10/01/2013

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 10/01/2013, _____

Fabian Aparicio

Signature of a member or authorized representative of a member

FABIAN A APARICIO

Typed or printed name of signer

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L12000088017
FILED 8:00 AM
July 05, 2012
Sec. Of State
Isellers

Article I

The name of the Limited Liability Company is:

PREMIER PAINT CONTRACTORS OF CENTRAL FLORIDA LLC

Article II

The street address of the principal office of the Limited Liability Company is:

3800 BAY FRONT PKWY
ORLANDO, FL. 32806

The mailing address of the Limited Liability Company is:

3800 BAY FRONT PKWY
ORLANDO, FL. 32806

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

MIKE WARFIELD
3284 S BUMBY AVE
ORLANDO, FL. 32806

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MIKE WARFIELD

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2012 OCT 8

Article V

The name and address of managing members/managers are:

Title: MGR
MIKE WARFIELD
3284 S BUMBY AVE
ORLANDO, FL. 32806

Title: MGRM
FABIAN APARICIO
2454 LYNX CT
KISSIMMEE, FL. 34744

L12000088017
FILED 8:00 AM
July 05, 2012
Sec. Of State
Isellers

Article VI

The effective date for this Limited Liability Company shall be:

07/05/2012

Signature of member or an authorized representative of a member

Electronic Signature: RICARDO CAICEDO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

2012 OCT -8 A 5: 21

2012 OCT -8