

L12000104774

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

J. SAULSBERRY
EXAMINER

SEP 27 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Premium Performance Lavatory & Maintenance Supply
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:

Marchello Armbrister

Name of Person

Premium Performance Lavatory & Maintenance Supply

Firm/Company

2100 N Federal Hwy

Address

Hollywood, FL 33020

City/State and Zip Code

pplmsusa@hotmail.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Marchello Armbrister

Name of Person

at (786)

484-3209

Area Code & Daytime Telephone Number

1954.920.6220

Enclosed is a check for the following amount:

- ☒ \$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**

Premium Performance Lavatory & Maintenance Supply

**(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 14 August 2012 and assigned
Florida document number L12000104774

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Premium Performance Lavatory Maintenance & Supply, LLC

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)

2100 N Federal Hwy

Hollywood, FL 33020

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2100 N Federal Hwy

Hollywood, FL 33020

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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:

Marchello Armbrister

New Registered Office Address:

2100 N Federal Hwy

Enter Florida street address

Hollywood

Florida

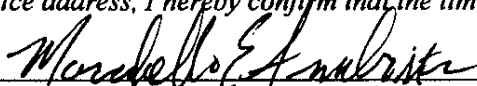
33020

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

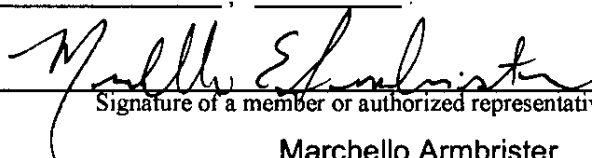
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Sam Payne	2100 N Federal Hwy Hollywood, FL 33020	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Marchello Armbrister	2100 N Federal Hwy Hollywood, FL 33020	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Marchello Armbrister	2100 N Federal Hwy Hollywood, FL 33020	<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.)

I am removing Marchello Armbrister as MGR and upating as MGRM

This is to reflect Sam Payne as the Owner and
Marchello Armbriste as Manager

Dated 6 September 2012



Signature of a member or authorized representative of a member

Marchello Armbrister

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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