

L12000113118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100244012251

01/25/13--01024--012 **25.00

FILED

2013 JAN 25 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 28 2013

T CLERK

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **PREMIER 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:

Michelle Durant

Name of Person

Premier Processing, LLC

Firm/Company

1117 SW Eleuthera Ave

Address

Port St Lucie, FL 34953

City/State and Zip Code

mdurantloans@att.net

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

For further information concerning this matter, please call:

Michelle Durant

Name of Person

at **772 240-5285**

Area Code & Daytime Telephone Number

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

FILED
2013 JAN 23 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Premier Processing, 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 9/4/2012 and assigned
Florida document number L12000113118.

This amendment is submitted to amend the following:

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

Hometown Financial Services, 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)

1775 SW Gatlin Blvd Ste 204

Port St Lucie, FL 34953

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1775 SW Gatlin Blvd Ste 204

Port St Lucie, FL 34953

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:

Same - Michelle Durant

New Registered Office Address:

1775 SW Gatlin Blvd Ste 204

Enter Florida street address

Port St Lucie

City

, Florida

34953

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.

Michelle J. Durant
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:

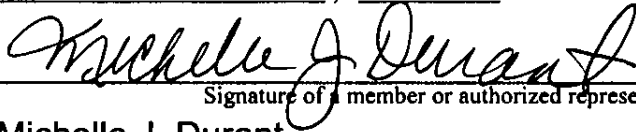
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Edgar Morataya	1775 SW Gatlin Blvd Ste 204 Port St Lucie, FL 34953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Michelle Durant	1775 SW Gatlin Blvd Ste 204 Port St Lucie, FL 34953	<input checked="" type="checkbox"/> Add change address <input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
2013 JAN 25 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dated January 22nd, 2013



Signature of a member or authorized representative of a member

Michelle J. Durant

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

2013 JAN 25 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA