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SECRETARY OF STATE

B. BOSTICK

APR 1 7 2013

EXAMINER

COVER LETTER

	TO: Registration Section Division of Corporations	
•	SUBJECT: Premiere Visions ILL 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:	
	Lowell Learly Emmanuel Jourty	
	Firm/Company	
	P.o. Box 613394 Address	
	N. miami FL 33261 City/State and Zip Code	
	Premiero Visions 10 Camail. Com E-mail address: (to be used for future annual report notification)	
	For further information concerning this matter, please call:	
	Name of Person at (305) 797-00/2 Area Code & Daytime Telephone Number	
		ا ا
	□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) 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

Premiere Visions LLC (Name of the Limited Liability Compar	ny as it now appears on our records.)
(A Florida Limited L	iability Company)
(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	
(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	
(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 03/07/2013 and assigned Florida document number 13 0000 347740. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Premier Vision Investments LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Principal office address MAY BE A POST OFFICE BOX) North Michael 12 3384 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 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation
	14311 Biscayne Blue #3394
(Principal office address MUST BE A STREET ADDRESS)	North Miami, FL 33181
registered agent and/or the new registered office address here	
Name of New Registered Agent:	ACE R T
New Registered Office Address:	Size of

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

`MGR = Manag MGRM = Mar	ger naging Member		
<u>Title</u>	Name	Address	Type of Action
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			Remove
			Add
			Remove
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fam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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d	H/10/2013,
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	Signature of a member or authorized representative of a member
	Lowell G JEANTY Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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