

L13000176265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED

2014 MAY -8 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

MAY 16 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2014

PREMIUM SOLUTIONS REALTY, LLC.
CHERLENE ADEWUNMI
2649 WINDGUARD CIR, STE. 101
WESLEY CHAPEL, FL 33544

SUBJECT: PREMIUM REALTY SOLUTIONS, LLC.
Ref. Number: L13000176265

We have received your document for PREMIUM REALTY SOLUTIONS, LLC. and your check(s) totaling \$52.50. 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 call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 814A00009728

COVER LETTER

TO: Registration Section
Division of Corporations

L 13000 176265
Premium Realty Solutions, LLC

SUBJECT: Cherlene Adewunmi Enterprises, 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:

Cherlene Adewunmi
Name of Person
Premium Realty Solutions
Firm/Company
2649 Windguard Circle, Ste 101
Address
Wesley Chapel, FL 33544
City/State and Zip Code
Cherlene@premiumsolutionsgrp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cherlene Adewunmi at 813 406-4411
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

(Already Paid)

- ☐ \$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

Attention: Karen Saly

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Premium Realty Solutions, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2014 MAY -8 PM 3:16
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Dec. 23, 2013 and assigned
Florida document number 413000 176265

This amendment is submitted to amend the following:

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

Charlene Adewunmi Enterprises, 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)

2649 Windward Circle, #101
Wesley Chapel, FL 33544

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Yolanda Benjamin	2649 Windward Circle #101 Wesley Chapel, FL 33544	<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

May. 15. 2014 10:43AM

No. 3440 P. 4/4

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
(the date this document is filed by the Florida Department of State))

Dated May 12, 2014

Signature of a member or authorized representative of a member

Chester Adewunmi

Typed or printed name of signer