L14000027174

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FEB - 2 2015 T. BROWN

Anna nd

COVER LE TO: Registration/Section **Division of Corporations** Premier Home Management Group LLC SUBJECT: 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: Justyna Bebbington Name of Person Premier Home Management Group LLC Firm/Company 91 Sportsman Road Address Rotonda West, 33947 City/State and Zip Code b.tony1984@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Anthony bebbington Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Person

■ \$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**

ARTICLES OF	
	ORGANIZATION 70 F/
•	ORGANIZATION OF AN as it now appears on our records.) Liability Company)
·	1 20 × 0
Premier Home Management Group LLC	TO ASSOCIATE PAY 2
	any as it now annears on our records.)
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)
The Amieles of Openingtion for this Limited Liebilia, Comment	2/17/2014 and assigned
The Articles of Organization for this Limited Liability Company	were filed on and assigned,
Florida document number L14000027174	
This amendment is submitted to amend the following:	
Ţ	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enton non-mineral officer address (Completely)	91 Sportsman Road
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	Rotonda West
	Florida, 33947
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Mutang unaress MAT DE ATOST OFFICE BOA	
D. If any other than 1944 by the state of th	0° 11
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
vegative agent when or the new registered office duditess her	<u>-</u> .
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>	Address	Type of Action	
			□ Add	
			Remove	
				
			□ Add	
			□ Remove	
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- Andread Advance			☐ Add	
			□ Remove	

D. If amending any other infor	mation, enter change(s) here: (Attach add	ditional sheets, if necessary.)
·		
•		
•		
•		
		<u> </u>
. Effective date, if other than (the date of filing:	(optional)
(The effective date must be specific, of the date this document is filed by the	cannot be prior to date of receipt or filed date and can e Florida Department of State)	not be more than 90 days after
Dated		
	Reddingto	e Judyna
· ····	Signature of a member or authorized epresenta	ntive of a member
JUS	TYNA BEBBINGTON	
	Typed or printed name of signe	· e

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Filing Fee: \$25.00