114000044331

(R	lequestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(0	Ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
JUN - 5 2016		
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

PREMIER AUTOMOTIVE SOURCE 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:

NOLAN HILL		
Name of Person		
Firm/Company		
rimicompany		
10135 GATE PARKWAY N UNIT 1908		
Address		
JACKSONVILLE FL 32246		
City/State and Zip Code		
NHILL77@AOL.COM		
E-mail address: (to be used for future annual report notification)		

For further information concerning this matter, please call:

NOLAN HILL	904 _{at}	382-7230
Name of Person	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIER AUTOMOTIVE			
(Name of the Limi	ted Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number <u>L14000044331</u>	Liability Company	were filed on MARCH 17, 2014	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	pility company here:	
N/A			
The new name must be distinguishable and end with the	words "Limited Lial	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3075 LEON RD STE 6	
(Principal office address MUST BE A STREE		JACKSONVILLE FL 32246	
Enter new mailing address, if applicable:		3075 LEON RD STE 6	2014 Hg
(Mailing address MAY BE A POST OFFICE BOX)		JACKSONVILLE FL 32246	2
B. If amending the registered agent and registered agent and/or the new registered of			the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	former to the second se	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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NOLAN HILL	10135 GATE PARKWAY N UNIT 1908	_ II Add
		JACKSONVILLE FL 32246	_□ Remove
СРА	FISCHER & ASSOCIATES ACCOUNTING	3430 KORI RD	□ Add
		JACKSONVILLE FL 32257	_■ Remove
			20 Add Add Add Add Add Add
			_□ Remove - _□ Add _□ Remove
			_□ Add □ Remove

. If amending any other information, enter change(s) here: (Attach add N/A	utional sneets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State)	(optional) not be more than 90 days after
Dated MAY 23 , 2014 .	
Signature of a member or authorized representa	tive of a member
Typed or printed name of signe	e

Page 3 of 3

Filing Fee: \$25.00

2014年27年13年