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COVER LETTER

TO: Registration Section Division of Corporation	
SUBJECT: Premie	er Automotive Source, LLC
SOBJECT:	Name of Limited Liability Company
	nendment and fee(s) are submitted for filing. ence concerning this matter to the following:
	Nolan L. Hill
	Name of Person
	Premier Automotive Source, LLC
	Firm/Company
	3075 Leon Road Ste 6
	Address
	Jacksonville, Florida 32246
	City/State and Zip Code nhill77@aol.com
-	E-mail address: (to be used for future annual report notification)
For further information cond	cerning this matter, please call:
Nolan L. Hill	904 ₃₈₂₋₇₂₃₀
Name of Pe	erson Area Code Daytime Telephone Number
Enclosed is a check for the f	following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status 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 Source, LLC			
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company with Florida document number L14000044331	vere filed on 05/27/2014	and assigned	
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company here:		
The new name must be distinguishable and end with the words "Limited Liability and the words "Liability and the words" "Liability and the words "Liability and the words "Liability a	ity Company," the designation "LLC" or the abb	previation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	···	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			_
B. If amending the registered agent and/or registered office address here:		e name of the	nev
Name of New Registered Agent:			
		C Fr	
New Registered Office Address:	Enter Florida street address		<u>:</u>
		- M	
	, Florida	7: 0-1	_
New Registered Agent's Signature, if changing Registered Agent:	, Florida	Zip Code	
	The same of the sa	759	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p			ı the

If Changing Registered Agent, Signature of New Registered Agent

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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
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			□ Remove
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			Add
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ivialiyer, ivolali r	Hill (Need to add middle initial (L)
Need to correct	to read: NOLAN L. HILL
ctive date, if other than the	date of filing: (optional)
	not be prior to date of receipt or filed date and cannot be more than 90 days after
ffective date must be specific, cannot ate this document is filed by the Flood $_{ m d}$	
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Filing Fee: \$25.00