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SECRET

D. SCOTT MAR 1 3 2017

## **COVER LETTER**

Division of Corporations
SUBJECT: Premier Plus Financial Services LUC  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:
Joy Ellison  Name of Person  Premier Plus Financial Services, LLC  Firm/Company
1000 Flamingo Place Address
Riviera Beach, FL 33404  City/State and Zip Code
Premier plus financial @ outlook, com  E-mall address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Toy Ellison  at Stell 134-3839  Area Code Daytime Telephone Number 55
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

MAILING ADDRESS:

TO:

**Registration Section** 

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 Plus F	inancio	al Services, LLC	<u> </u>
( <u>Name of the Limited</u> (A	<mark>d Liability Compa</mark> A Florida Limited l	iny as it now appears on our records.) Liability Company)	FG = T
The Articles of Organization for this Limited Lia Florida document number LIYOOIYISE	bility Company	were filed on 3/1/1	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liab	ility company here:	(현실· 등) 
The new name must be distinguishable and contain the wor	rds "Limited Liabil	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	1000 Flamingo	PL
(Principal office address MUST BE A STREET	ADDRESS)	Riviera Beach	FL 33404
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	1000 Flamingo Riviera Beach	Place FL 33404
B. If amending the registered agent and/or the new registered offi			enter the name of the nev
Name of New Registered Agent:	Joy	Ellison	
New Registered Office Address:	1000 Flo	Umingo Place Enter Florida street address	
	Piviera	Black Flori	da 33404 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action Brenda Mondusir □ Add 321 Elaine Cir W. West Palm Beach, FL 33409 Remove \_□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
(If an e <u>Note</u>	etive date, if other than the date of filing:  (optional)  (ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(6)  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	March 7 , 2017
	Soy E
	Signature of a member or authorized representative of a member
	Typed or plinted name of signee

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Filing Fee: \$25.00