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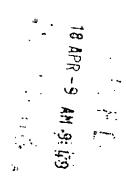
| (Re | questor's Name) | |
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| (Add | dress) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Do | cument Number) | . |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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COVER LETTER

| | sion of Corp | | | |
|--------------------|---------------|--|---|---|
| SUBJECT: | PREMIER S | STORE OUTLET | | |
| SOBJECT. | | Name of Limi | ited Liability Company | |
| The enclosed | Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspoi | ndence concerning this matter | to the following: | |
| | | TAMARA MOXEY | | |
| | | | Name of Person | |
| | | PREMIER STORE OUTL | ET | |
| | | | Firm/Company | |
| | | 2451 NW 152 ST | | |
| | | | Address | |
| | | OPA LOCKA, FL 33054 | | |
| | | | City/State and Zip Code | |
| | | TAMARAMOXET@GMA | | |
| | | | to be used for future annual report notifi | cation) |
| For further in | formation co | oncerning this matter, please ca | dl: | |
| TAMARA N | IOXEY | | 305 3306737 | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is a | check for th | e following amount: | | |
| ■ \$25.00 F | iling 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 STORE OUTLET LLC | | |
|--|---|--------------------------|
| (Name of the Limited Liability ((A Florida Li | Company as it now appears on our records.) mited Liability Company) | |
| The Articles of Organization for this Limited Liability Con | npany were filed on 01/04/2018 | and assigned |
| Florida document number L14000145370 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| The new name must be distinguishable and contain the words "Limited | I Liability Company," the designation "LLC" or th | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> | |
| Enter new mailing address, if applicable: | 20789 NW 9ct APT 201 MIAMI, F | FL 33169 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <u> </u> |
| B. If amending the registered agent and/or register registered agent and/or the new registered office addres | red office address on our records, <u>en</u> | ter the name of the ne |
| registered agent and/or the new registered office address | is nere. | · · · · |
| Name of New Registered Agent: | | ** 1° |
| New Registered Office Address: | | <u> </u> |
| | Enter Florida street address | ; (4) |
| | , 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 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> | Address | Type of Action |
|--------------|--------------------------|-------------------------------|---|
| OWNER | TAMARA MOXEY | 2451 NW 152 ST, OPA LOCKA, I | □ Add |
| | | | □ Remove |
| | | | Change |
| OWNER - | SAMUEL, FRANCIS, OLIVER | 20789 NW 9ct MIAMI , FL 33169 | ■ Add |
| | | | ☐ Remove |
| | | | Change |
| MGR | MGR TYRA, SHEMAR, KIRLEW | 20789 NW 9ct MIAMI , FL 33169 | ■ Add |
| | | | Remove |
| | | | □ Change |
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| ffective date, if other than the date of filing: | (optional) ore than 90 days after filing.) Pursuant to 605,020 |
| lote: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records. | |
| e record specifies a delayed effective date, but not an effective ti The 90th day after the record is filed. | ime, at $12:01$ a.m. on the earlier ϵ |
| ated 4/6/2018 | |
| TAMADAWAYFI | |
| TAMARA MOXCG Signature of a Gember or authorized representative of | of a member |

Page 3 of 3

Filing Fee: \$25.00