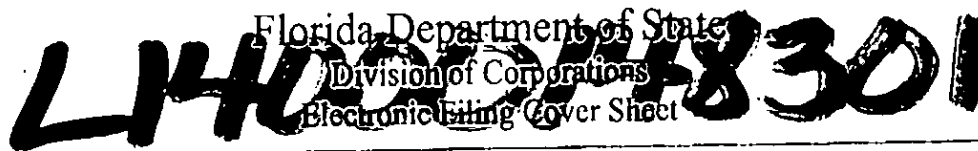


6/29/2020

Division of Corporations



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H20000201558 3)))



H200002015583ABCX

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.  
Account Number : 075410002172  
Phone : (239)344-1100  
Fax Number : (239)344-1529

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PREMIER PORTABLES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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JUL 01 2020

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RECEIVED

2020 JUN 30 AM 8:25

2020 JUN 30 AM 11:16

FAX AUDIT NO.: H20000201558 3

## COVER LETTER

TO: Registration Section  
Division of CorporationsSUBJECT: Premier Portables, 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:

Robin Youmans

Name of Person

Premier Portables, LLC

Firm/Company

6900-29 Daniels Parkway #170

Address

Fort Myers, FL 33912

City/State and Zip Code

robin@prestigiousrestrooms.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Youmans

239 850-7000  
at ( )

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 32314Street Address:Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FAX AUDIT NO.: H20000201558 3

FAX AUDIT NO.: H20000201558 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION : 30 AM 11:16  
OF

Premier Portables, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 22, 2014 and assigned  
Florida document number L14000148301.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: HF Registered Agents, LLC

New Registered Office Address: 1715 Monroe Street

Enter Florida street address

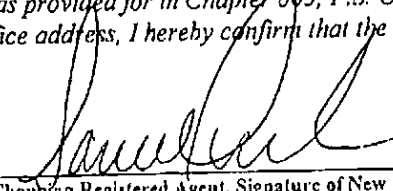
Fort Myers, Florida 33901

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

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## FAX AUDIT NO.: H20000201558 3

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

2020 JUL 30 11:11:16

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Linda Weber	3350 Metro Parkway	<input type="checkbox"/> Add
		Fort Myers, FL 33916	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert Weber	3350 Metro Parkway	<input type="checkbox"/> Add
		Fort Myers, FL 33916	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robin Youmans	8790 Laredo Avenue	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33905	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FAX AUDIT NO.: H20000201558 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) A1111: 16

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective 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)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

June 29, 2020

*Linda A. Weber*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Linda A. Weber  
Typed or printed name of signer

Typed or printed name of signer