

L15000049214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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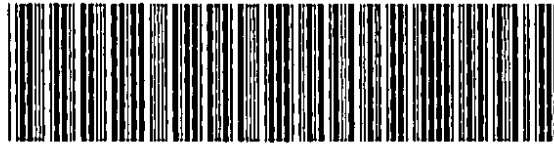
(Business Entity Name)

(Document Number)

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06/11/20--01014--003 \*\*50.00

2020 JUN 11 AM 8:26

R. WEAVER  
JUN 30 2020

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Premier Home Rescue 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:

Cheryl D Platt  
Name of Person

Firm/Company

18167 Stromberg Ave  
Address

Brooksville, FL 34604  
City/State and Zip Code

Cplatt1965@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Platt at ( 352 ) 238-0482  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$0 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)

**Filing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Premier Home Rescue LLC 2020.11.11 8:26  
(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 6/8/2020 <sup>CP</sup> and assigned  
Florida document number L15 0000 49214 3/19/2020

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

Mailing address MAY BE A POST OFFICE BOX)

**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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

**Registered Agent's Signature, if changing Registered Agent:**

*I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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



