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(Re	equestor's Name)
(Ac	ddress)
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(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAI
(Bu	usiness Entity Name)
(Do	ocument Number)
эd Copies	Certificates of Status
al Instructions to	Filing Officer:
	Office Use Only



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R. INFA T

COVER LETTER

Registration Section

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Division of Corp	orations		
лвиест: РСЕ	mier Hemc Name of Limi	RESEUR LI	
e enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
ease return all correspon	dence concerning this matter	to the following:	
	Chery	Name of Person	
		Firm/Company	
	18167	Stremberg Au Address	<u>e</u>
	Brooks	City/State and Zip Code	4604
		City/State and Zip Code 9 6 5 6 9 00 00 to be used for future annual report noti	
her information co	ncerning this matter, please ca		
		at (353) 23. Area Code Dayting	8-0482
Name of	Person	Area Code Daytim	e Telephone Number
is a check for the	following amount:		
9 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
gistration Societies of Co. Box 6327 lahassee, F	ection prorations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premier Home R (Name of the Limited Liability Co	empany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number 15 000 492	pany were filed on
This amendment is submitted to amend the following:	
1. If amending name, enter the new name of the limited	liability company here:
te new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
iter new principal offices address, if applicable:	NIM
rincipal office address MUST BE A STREET ADDRESS	<u> </u>
iling address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered off and/or the new registered office address here:	ice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
istered Agent's Signature, if changing Registered Ag	
ns of all statutes relative to the proper and comp e obligations of my position as registered agent	agree to act in this capacity. I further agree to comply with the dete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
NGR	Philip J. Johnson	18175 Stromberg Ave	□Add
		Booksville, FL 34604	DRemove
			□Change
16R	Kenneth A. Platt	Jr. 18167 Stromberg	Ave _ Date
		Brooksville, FC 34604	🗆 Remove
		·	
			□Add
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Filing Fee: \$25.00