

L15000074189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

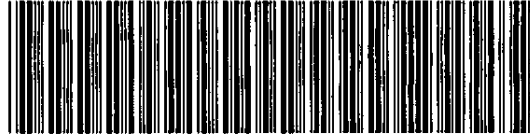
(Business Entity Name)

(Document Number)

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2015 NOV 25 PM 3:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOV 30 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PREMIER PROPERTY MANAGEMENT GROUP OF SOUTH FLORIDA, 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:

JOSE CASAS

Name of Person

PREMIER PROPERTY MANAGEMENT GROUP OF SOUTH FLORIDA, LL

Firm/Company

PO BOX 171153

Address

MIAMI FL 33017

City/State and Zip Code

JOCASAS123@AOL.COM

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

For further information concerning this matter, please call:

JOSE CASAS

at (407) 4674353

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 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 PROPERTY MANAGEMENT GROUP OF SOUTH FLORIDA, 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 APRIL 27, 2015 and assigned
Florida document number L15000074189.

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)

3601 SW 128 AVENUE

MIRAMAR FL 33027

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 171153

MIAMI FL 33017

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	MAGGIE CASAS	6030 SW 84TH AVE,	☐ Add
		CORAL GABLES, FL 33143	☒ Remove
			☐ Change
MGR	MAGALY CASAS	6030 SW 84TH AVE,	☐ Add
		CORAL GABLES, FL 33143	☒ Remove
			☐ Change
MGR	JOSE CASAS	PO BOX 171153	☒ Add
		MIAMI, FL 33017	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

ST. JOHN COUNTY
ALABAMA SECRETIONARY
JAN 25 PM 3:38
2015

[illegible]

(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)

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.

NOVEMBER 23

W. J. [Signature]

Signature of a member

Signature of a member or authorized representative of a member

MAGALY CASAS, MANAGER

Typed or printed name of signee

Filing Fee: \$25.00

2015 NOV 25 PM 3:38
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA