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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Premier Aviation Holdings 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: |
| Lindsay _ Stewart |
| Premier warranty |
| 1500 Cordova Rd #206 |
| Fort Lauderdale, FL 33316 City/State and Zip Code lindsay@ Dremier aviation holdings. (om E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| James Blackburn at 954, 440 - 0717 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee & S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & 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

| | ТО | \mathcal{F}_{D} |
|--|--|---|
| ARTICLES OF | ORGANIZATION | in ILED |
| | OF | AUG 2 |
| (Name of the Limited Liability Cor (A Florida Limit | tion Holdings mpany as it now appears on our record ted Liability Company) | 2017 AUG 21 AM 8: 38 SELECTIONS AM SERVER STATE AM SERVER STATE 15. SELECTION STATE 15. |
| The Articles of Organization for this Limited Liability Comparing Horida document number <u>L 15 000 101014</u> . | any were filed on <u>(0/10)</u> 2 | ols and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited ! | iability company here: | |
| The new name must be distinguishable and contain the words "Limited L | iability Company," the designation "ELC | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address between the registered office address between the registered of the registered of the registered of the registered agent and/or the new registered of the registered agent and/or the new registered of the registered agent and/or the new registered agent age | | ls, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addre | |
| | FI | lorida |
| | 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>Address</u> **Type of Action** <u>Name</u> tremier Warranty Company MGZ ☐ Add 1500 cordova Rd #206 Fort Lauderdale, FL 33316 Remove ☐ Change 16192 Loastal Highway Lewes, Delaware 19958 MGR **⊠** Add ☐ Remove ☐ Change □ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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| fective date, if other | than the date of | filing: | | <u>,</u> | (o | ptional) | |
| n effective date is listed, the lite: If the date inserted | in this block does | not meet th | e applicable | | | | |
| cument's effective date | on the Departmer | it of State's | records. | | | | |
| record specifies a | | | but not an | effective ti | me, at 12:0 | 1 a.m. on | the earlier o |
| The 90th day after | the record is f | iled. | | | | | |
| ated August | 18 | <u> </u> | <u>- [10</u> | | | | |
| J | \bigvee_{A} | in 1/1/ | $\int \int$ | 1111 | | | |
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Filing Fee: \$25.00