

L15000112972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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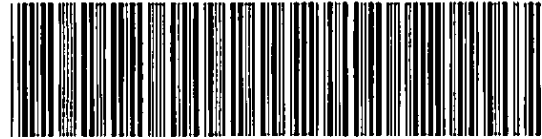
(Business Entity Name)

(Document Number)

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2020 JUL 27 AM 7:14

CLERK OF SUPERIOR COURT
MASSACHUSETTS

SEP 16 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREMIER RARE COINS 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:

JEFFREY F BEHAN

Name of Person

PREMIER RARE COINS LLC

Firm/Company

860 US HIGHWAY ONE SUITE 202

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

JEFF@PRC.GOLD

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

For further information concerning this matter, please call:

JEFFREY F BEHAN

at (561) 797-0669

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 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 RARE COINS 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 JULY 6, 2015

Florida document number L15000112972

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: PINCUS & CURRIER LLP

New Registered Office Address: 1555 PALM BEACH LAKES BLVD, SUITE 320
Enter Florida street address

WEST PALM BEACH, Florida 33401
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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2020 JUL 27 PM 7:14
CLERK OF CIRCUIT COURT
STATE OF FLORIDA
PALM BEACH COUNTY

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	MADEY, JOHN	6671 W INDIANTOWN RD #197	<input type="checkbox"/> Add
		JUPITER, FL 33458	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BEHAN, JEFFREY F	860 US HIGHWAY ONE SUITE 202	<input checked="" type="checkbox"/> Add
		NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

E. Effective date, if other than the date of filing: JULY 21, 2020 (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 JULY 21 2020

Signature of a member or authorized representative of a member

JEFFREY F BEHAN

Typed or printed name of signee

Filing Fee: \$25.00