

L15000302721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

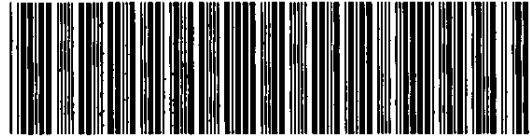
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALT
EXAMINER

JUL 11 —



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2016

PREMIER SERVICES AB LLC
WILMER ARELLANO
2447 S HWY 27
CLERMONT, FL 34711

SUBJECT: PREMIER SERVICES AB LLC
Ref. Number: L15000202721

We have received your document for PREMIER SERVICES AB LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 716A00013506

2016 JUL 11 PM 1:17
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

PREMIER SERVICES AB LLC

SUBJECT: _____
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:

WILMER ARELLANO

Name of Person

PREMIER SERVICES AB LLC

Firm/Company

2447 S HWY 27

Address:

CLERMONT, FL, 34711

City/State and Zip Code

BURGERCRAFT01@GMAIL.COM

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

For further information concerning this matter, please call:

WILMER ARELLANO

352 6312847

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

TO
ARTICLES OF ORGANIZATION
OF

PREMIER SERVICES AB 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 12/04/2015 and assigned
Florida document number L15000202721

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)

2447 S HWY

CLERMONT, FL, 34711

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2447 S HWY 27

CLERMONT, FL, 34711

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:

WILMER ARELLANO

New Registered Office Address:

2447 S HWY 27

Enter Florida street address

CLERMONT

, Florida 34711

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	JOSE ARELLANO	13027 ANTIQUE OAK ST	<input type="checkbox"/> Add
		CLERMONT, FL, 34711	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEXANDRA PATINO	1480 HAMMOCK RIDGE RD	<input checked="" type="checkbox"/> Add
		APT 12108	<input type="checkbox"/> Remove
		CLERMONT, FL, 34711	<input type="checkbox"/> Change
MGR	EL PALACIO DEL PELUQUERO	AV 14 CC SAN FELIPE II	<input checked="" type="checkbox"/> Add
		MARACAIBO, ZULIA,	<input type="checkbox"/> Remove
		VENEZUELA	<input type="checkbox"/> Change
MGR	WILMES ARELLANO	2447 S HWY 27	<input type="checkbox"/> Add
		CLERMONT, FL, 34711	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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.

(b) The 90th day after the record is filed.

Typed or printed name of signee