## L16000014441

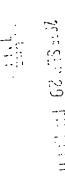
(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  tifled Copies Certificates of Status	
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Special Instructions to Filing Officer:	





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## **COVER LETTER**

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TO:

TO: Registration S Division of Co			
MD Prope	rty Inspections LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Miguel Diaz		
	<del> </del>	Name of Person	
		Firm/Company	
	2511 55 TR SW, A		
	Naples, FL, 34116	Address	76 SE 29
		City/State and Zip Code	 
		to be used for future annual report notific	ation)
For further information of Miguel A Diaz	concerning this matter, please c	all: 786 624-7790	
Name of Person		01.6	Felephone Number
		, wed code Dayline	retephone (Valinoe)
Enclosed is a check for t	he 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 Addre Registration		Street Address: Registration Secti	ion
Division of Corporations		Division of Corpo	orations
P.O. Box 63. Tallahassee,		The Centre of Tal 2415 N. Monroe	

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MD Property Inspections LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited )	ny as it now appears on our records Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000014441}{L}$ .	were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MD Premier Holdings LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity 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)	3586 McComb LN	F 8
	Bonita Spring, FL, 34134	2
Enter new mailing address, if applicable:		<u>:</u>
Mailing address MAY BE A POST OFFICE BOX)		• • • • • • • • • • • • • • • • • • • •
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	•
	Flo	rida
	Civ	Zin 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 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>	Address	Type of Action
		-	□Add
			□Remove
			□Change
			□Add
			□Remove
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n effecti <u>ite:</u> - If t	date, if other than the date of filing:	05.0207 sted as
ecord s s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day an	ter the
ted	9/22/25 AAA) o'per	
	Signature 6t a member of authorized representative of a member	

Filing Fee: \$25.00