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(Address)

(Address)

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JAN 04 2017

S. YOUNG

17 JAN -3 AM 8:02

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONTINUUM Premium Properties 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:

STEVEN G ANDERSON
Name of Person
CONTINUUM Premium Properties
Firm/Company
3000 W. OCEAN DR. 10A
Address
PIVERA BEACH FL 33404
City/State and Zip Code
STEVE.ANDERSON7456@GMAIL.COM
E-mail address: (to be used for future annual report notification)

17 JAN -3 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FL 32304

For further information concerning this matter, please call:

STEVEN G ANDERSON at (561) 801-0697
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

CONTINUUM Premium Properties LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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

Title	Name	Address	Type of Action
MGR	TERRY R ANDERSON	5000 N OCEAN DR 10A RIVIERA BEACH FL 33404	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

MGR	JERROLD ECKLUND	1333 SW 63RD PLACE BISHWELL FL 33513	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[This section contains horizontal lines for amendments, which have been crossed out with a diagonal line.]

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DEPT. OF STATE
TALLAHASSEE, FLORIDA
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E. Effective date, if other than the date of filing: 12-29-2016 (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

12-29-2016

Stew C Anderson

Signature of a member or authorized representative of a member

STEVEN G ANDERSON

Typed or printed name of signee