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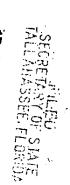


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# **COVER LETTER**

TO: Registration Section Division of Corporations
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:    Lindsay Staudton   Staudto
Firm/Company  1500 Cordova Rd #206  Address  Fort Landendale, FL 33316  City/State and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lindsay Stewart at (954) 4400717  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\times \$30.00 Filing Fee & Certificate of Status \$\times \$\text{Certified Copy} (additional copy is enclosed)}  \$\times \$25.00 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida I	Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co	mpany were filed on	and assigned
Florida document number	<b></b> •	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRE	ess)	
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	<b>0</b>
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B. If amending the registered agent and/or registered agent and/or the new registered office addresses		r records, enter the name of the ne
registered agent and/or the new registered office addre	ess nere.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
	ALTONOL A POT SEED IS	
<del></del>	City	, Florida

### 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

MGR = Manager AMBR = Authorized Member Title **Name Address** Type of Action James Blackburn 1500 (ordova Rd #204 Ft Lawderdy le FL 33316 & Remove Change MGR Premier Warranty Company 1500 Cordova Rd #206 XAdd
Ft Lauderagie FL 33314 □ Remove ☐ Change ☐ Remove □ Remove ☐ Change ☐ Add □ Remove □ Change □ Add ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

Change

_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effe Note:	ive date, if other than the date of filing:  (optional)  ective 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 605.020  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.	77 07 (3)(b is the
	ford specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90th day after the record is filed.	of:
Dated <sub>2</sub>	January 5 2017. Linely Hold	
	Signature of a member of authorized representative of a member  Livasu Stouch  Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00