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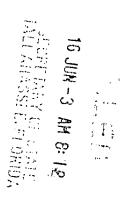
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Previer Coast Property Management, LLC Name of Limited Liabshity Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cedric P. Griffin Name of Person
Premier Coust Property Management, LLC
9424 Baymendows Rd. Suite 110
Jacksonville, FL 32256
Jacksonville, FL 32256  City/State and Zip Code  Rent (a) premier cogstreatly, com  Remail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Cedric J. Griffin at (904) 567-6/6/1  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certificate of Status Certificate of Status Certificate of Status Certificate Opy (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

Premier Coast Property Management, LLC

( <u>Name of the Limited</u> (A	Liability Compa A Florida Limited I	ny as <b>il now appears on our recor</b> liability Company)	r <u>ds.</u> )
The Articles of Organization for this Limited Liab Florida document number <u>L. 1600008368</u> This amendment is submitted to amend the follow A. If amending name, enter the new name of the new name must be distinguishable and contain the work.	ving:	lity company here:	and assigned
Enter new principal offices address, if applical	ble:	9424 Baymendows Jacksonvilley Florida	Rd. Suite 110
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Be	<u>ox)</u>	9424 Baymendows Jacksonville, FL 32	Rd Syite 110 256
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	ce address here		ds, enter the name of the new
New Registered Office Address:	Jackson	ymendows Kol Suite Enter Florida street addre ville, F	Florida 32256

#### 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of filing:	( <b>optional</b> ) ate of filing or more than 90 days after filing.) Pursuant to 60	)5.02 <sup>-</sup>
te: If the date inserted in this block does not meet the applicable nament's effective date on the Department of State's records.	statutory filing requirements, this date will not be lis	sted a
ament's effective date of the Department of State's records.		
record specifies a delayed effective date, but not ar	n effective time, at 12:01 a.m. on the earl	ier (
he 90th day after the record is filed.	,	
M 21		
ed May 31 , 2016.		
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Signature of a member or authorized		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00