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(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	f Status
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R. WHITE FEB 0 7 2020 2020 | 13 Fr 2:07

## COVER LETTER

			·	
SUBJECT;	<del></del>	Name of Lim	ited Liability Company	
The enclosed Ar	rticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspor	idence concerning this matter	to the following:	
		Melissa Pratt		
			Name of Person	
		la Premier Associates, LLC  Name of Limited Liability Company  les of Amendment and fec(s) are submitted for filing.  respondence concerning this matter to the following:  Melissa Pratt  Name of Person  Florida Premier Associates, LLC  Firm/Company  4429 Hollywood Blvd, Unit 817497  Address  Hollywood, FL 33081  City/State and Zip Code  msmelissapratt@gmail.com  E-mail address: (to be used for future annual report notification)  tion concerning this matter, please call:  at (		
	Division of Corporations    Florida Premier Associates, LLC			
		4429 Hollywood Blvd, Un	it 817497	Daytime Telephone Number  \$60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)  ress: ion Section of Corporations
			Address	
		Hollywood, FL 33081		
			City/State and Zip Code	<del> </del>
				ification
For further infor	rmation co		•	incation
Melissa Pratt				
	Name of	Person		ne Telephone Number
Enclosed is a ch	eck for th	e following amount:		
<b>≡</b> \$25.00 Filir	ng Fee		Certified Copy	Certificate of Status & Certified Copy
				ection
Divisi	ion of Co	orporations	Division of Co	rporations
	Box 6321 nassee F	7 °L 32314	• = '	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Premier Associates, LLC

2025 JULIS PH 2: 07

(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 C Florida document number L16000083918	Company were filed on 04/20/201	6 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
, <u></u>		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designate	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	ret address
		, Florida
	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 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
MGR	Melissa Pratt	4429 Hollywood Blvd, Unit 817497	≅Add
		Hollywood, FL 33081	□Remove
			□Change
MGL	Florida Premier	POBOX 817497	) □Add
	ASSOCIATES, LLC	HOLLYWOOD, FC3	308 DRemove
			□Change
		□ Add	
			□Remove
			□Change
			□ Add
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			Remove
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			□Remove

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ective date, if other tl	han the date of filing:		(optional)	
effective date is listed, the	date must be specific and cannot be n this block does not meet the a	e prior to date of filing or mo	re than 90 days after filing.) Pr	ursuant to 605.020 II not be listed a
	on the Department of State's rec			
	effective date, but not an effec-	tive time, at 12:01 a.m. o	n the earlier of: (b) The 9	Oth day after the
s filed.				
, January 04	2020			
ed	<i></i>	·		

Typed or printed name of signee