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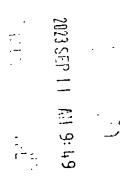
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

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P.O. Box 6327

Tallahassee, FL 32314

TO: Registration S Division of Co						
	ealty Associates, LLC					
SUBJECT:			77			
	Name of Lir	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	Steven Imparato					
		Name of Person				
	Premier Realty Associates	SLLC				
		Firm/Company				
	370 Camino Gardens Blvo	d., Ste. 114				
	· · · · · · · · · · · · · · · · · · ·	Address	·			
	Boca Raton, FL 33432					
	info@premierflrealestate.c	City/State and Zip Code				
		to be used for future annual report notifi	cation)			
For further information of	concerning this matter, please of	eall:				
Steven Imparato	,	561 289-1588				
		at ()				
Name c	of Person	at () Area Code Daytime	Telephone Number			
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 Address Registration 5	<u>ss:</u> Section	Street Address: Registration Sect	tion			
Division of C		Division of Corporations				

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP 11 Aif 9: 49

Premier Realty Associates LLC			·	
(Name of the Limited (A	Liability Comps Florida Limited	any as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited Liabi Florida document number 1.16000107789		were filed on 6/3/16	and assigned	
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liab	oility company here:		
The new name must be distinguishable and contain the words	s "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicabl	e:	370 Camino Gardens		
(Principal office address MUST BE A STREET A	(DDRESS)	Boca Raton, FL 3343;	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		370 Camino Gardens Boca Raton, FL 33432		
B. If amending the registered agent and/or regisagent and/or the new registered office address h	stered office : ere: Steven Imparat		s, enter the name of the new registere	
Name of New Registered Agent:	370 Camino Gardens Blvd., Ste. 114			
New Registered Office Address:	Enter Florida street address			
1	Boca Raton		, 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 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 = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Steven A Imparato PA	4651 N Federal Hwy	
			🗆 🗆 Add
		Boca Raton, FL 33431	
		270 C. who C. who Divid Co. 114	■ Remove
		370 Camino Gardens Blvd., Ste. 114	
AMBR	Steven Imparato	Boca Raton, FL 33432	
			≣ Add
			□Remove
			□Change
			□Add
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Effective d	ate, if other t	han the date o	f filing:				ontional)	
f an effective	date is listed, the	e date must be spec	ritic and cannot	he prior to date	of filing or mo	re than 90 day	s after filing.) P	irsuant to 605.020 Il not be listed as
document's	effective date	on the Departme	ent of State's r	ecords.	annory ming	requirement	s, this date wi	ii not be listed as
e record spe rd is filed.	cifies a delayec	l effective date, l	out not an effe	ctive time, at	12:01 a.m. o	n the earlier	of: (b) The 9	0th day after the
Sept Dated	ember 5		2023	·				
_		Signatu	re of a member	or authorized r	eprésentative o	f a member		 -
					1.1			

Filing Fee: \$25.00