## 116000220890

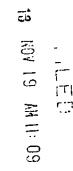
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## **COVER LETTER**

TO:	Registration Se Division of Cor						
CHD IE		fice Suites, LLC					
SUBJE(	UI; <u></u>	Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ndence concerning this matter	to the following:				
		Carol	yn Rawlings				
Name of Person Premier Office Suites, LLC							
	<u>.                                    </u>						
		Ві	Address radenton, FL 34209				
			City/State and Zip Code icesuites5@gmail.com				
For furtl	her information c	E-mail address: ( oncerning this matter, please of	to be used for future annual report notifiall:	ication)			
	ı Rawlings		941 812-781				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclose	d is a check for th	ne following amount:					
\$25.	00 Filing Fec	□ \$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)			
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premier Office Suites, LLC (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 Company were filed on and assigned L16000220890 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ryan P. Rawlings	6400 Manatce Avenue West Suite #L117 Bradenton, FL. 34209	<b>=</b> Add
			□ Remove
MGR	Justin M. Rawlings	6400 Manatee Avenue West Suite #L117 Bradenton, FL. 34209	☐ Change
		<del> </del>	Remove
			Change
			DAM
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(If an effect Note: If	e date, if other than the date tive date is listed, the date must be so the date inserted in this block date it's effective date on the Depart	e of filing: pecific and cannot be prior to loes not meet the applicab	date of filing or more than 90	(optional) 0 days after filing.) P ments, this date wi	ursuant to 605.0207 (3)th II not be listed as the
	rd specifies a delayed eff Oth day after the record		an effective time, at	12:01 a.m. on	the earlier of:
Dated	November 15.	2018			
	Course Signi	Resulting attitude of a member or authority	zed representative of a mem	ber	
		n Rawlings			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00