

L16000220890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

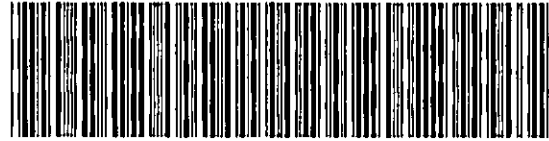
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500320982175

11/19/18--01028--021 \*\*25.00

FILED  
NOV 19 AM 11:09

O. SIMMONS  
DEC 01 2018

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

Premier Office Suites, LLC

**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:

Carolyn Rawlings

Name of Person  
Premier Office Suites, LLC

Firm/Company  
6400 Manatee Avenue West Suite #L117

Address  
Bradenton, FL 34209

City/State and Zip Code  
premierofficesuites5@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn Rawlings	941	812-7811
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the 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 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

## Premier Office Suites, LLC

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Ryan P. Rawlings	6400 Manatee Avenue West Suite #L117 Bradenton, FL. 34209	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Justin M. Rawlings	6400 Manatee Avenue West Suite #L117 Bradenton, FL. 34209	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
MAY 19 2009  
13

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

18  
1904 19  
1911

11/1/2018

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 15, 2018

Carol R. Rumburg  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Carolyn Rawlings

Typed or printed name of signee