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(Re	equestor's Name)	
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2024 FEB 27 PM 5: 04 SECREDARY OF STATE TALLAHASSEE, FL

COVER LETTER

TO: Registration Sec Division of Corp	novetlane	٠,	:
SUBJECT: ·	FLORIDA S	MEMICH Repl	ESTATE; LLC
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
·	preo	Ic M. J. TIL Name of Person	SON
	Florina	PREMIER REAL Firm/Company	Estate, LLC
	6984 D.	W. 29 Wily,	
	Dicale til	City/State and Zip Code SON & SIAMONS The used for future annual report political property and the control of	Choulinvestmenticom
For further information co	oncerning this matter, please ca		,
Dicule LI	Person	at (454) 336 - Area Code Daytime	e Telephone Number
Enclosed is a check for th	e 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C	MICK REALESTH Company as it now appears on our reconited Liability Company)	te Lic.
The Articles of Organization for this Limited Liability Com Florida document number <u>LIGOOD 129161</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited FIORIDA PREMICE REAL EST The new name must be distinguishable and contain the words "Limited"		MANAGERENT, LLC.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of	Tice address on our records, ent	PP 55 PP 55 PP FF PP
agent and/or the new registered office address here:		रत ₹
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	
	City·	Florida 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>	<u>Address</u>	Type of Action
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Effect	tive date, if other than the date of filing: (optional)
f an ef	Fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
record is f	rd 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 iled.
Dated	FE PHUNKY 20 2024 (Vide Withelian
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	Signatuse of a member or authorized representative of a member
	Dicule H.J. FILSON Typed or printed name of signee
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