L17000006246

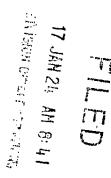
(Requestor's Name)		
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	egistration Sectivision of Corp			
cup ie <i>c</i> a	Premier Nei	ghborhood Realty, LLC		
SUBJECT	ı :	Name of Limi	ted Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please retu	ırn all correspor	ndence concerning this matter	to the following:	
		Jon Brumer		
			Name of Person	
			Firm/Company	
		232 Strathmore Circle		<u>.</u>
			Address	
		Kissimmee, Fl. 34744		
			City/State and Zip Code	
		jon@owncentralflorida.com		
		E-mail address: (1	o be used for future annual repo	rt notification)
For further	r information co	ncerning this matter, please ca	ill:	
Jon Brume			407 818-36 at ()	
	Name of	Person	Area Code D	Paytime Telephone Number
Enclosed i	s a check for the	e following amount:		
□ \$25.00) Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Section 2 \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premier Neighborhood Realty, LLC		
(Name of the Limited Liab (A Flori	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L17000006246	Company were filed on 1/9/17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADI	DRESS)	2 2 m
* **		T T
		- C
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		And
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, enter the ddress here:	name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zi,	p 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Brittany Brumer	232 Strathmore Circle	■ Add
		Kissimmee, Fl. 34744	□ Remove
			Change
AMBR	Anthony Billitteri	3495 West Vine Street	■ Add
		Kissimmee, Fl. 34741	Remove
			□ Change
MGR	Jon Brumer	232 Strathmore Circle	
		Kissimmee, Fl 34744	Remove
			Change
			Changes Co
		<u>-</u>	Remove
			☐ Change
			Add
			□ Remove
			☐ Change

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Janruary 19 2017	Ja S	•	
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Jon Brumer		Typed or prii	nted name of signee

Page 3 of 3

Filing Fee: \$25.00