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## **COVER LETTER**

Division of Corpo	orations		
PREMIUM H	HTCH COVERS LLC		
SUBJECT.	Name of Limit	ted Liability Company	
		<i>خ</i>	•
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	CARLOS E RODRIGUEZ		
		Name of Person	
	PREMIUM HITCH COVE	RS LLC	
		Firm/Company	
	810 EAST 13 STREET		
		Address	<del></del>
	HIALEAH, FL 33010		
		City/State and Zip Code	
	mr.carlosenrique@yahoo.cor		<del></del>
		be used for future annual report noti	rication)
For further information con	cerning this matter, please cal	ll:	
CARLOS E. RODRIGUEZ	2.	305 987-3461 at ()	
Name of P	erson	Area Code Daytim	e 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:

TO:

Registration Section

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

## PREMIUM HITCH COVERS 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 $\frac{2/21/2017}{1}$ and assigned Florida document number \_\_\_\_\_\_L17000041255 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address Florida 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.

N/A

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>	Name	<u>Address</u>	Type of Action
CFO	CARLOS EDUARDO LLOVET	10891 HAYDN DR,	<b>=</b> Add
		BOCA RATON, FL 33498	Remove
			☐ Change
COO	MARK SMITH & ASSOCIATES I	3111 N OCEAN DR APT 702	■ Add
		HOLLYWOOD, FL 33019	Remove
			Change
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ited 5/3/	2017		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00