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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Cî	ty/State/Zip/Phone #)	·
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: HO	ida Premier P Name of Lim	POPERTY INVESTOR	s, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ashl	Rame of Person	
		Firm/Company	
	6141	old bagdad Hwi	
	Miltu	n.FL 32683	
	E-mail address: (City/State and Zip Code USE SEVELOPMENT (a) to be used for future annual report to it	<u>Janal Com</u>
For further information c	oncerning this matter, please co	all:	
ASWIEL Name o	Albanese	at (3100) 808-4 Area Code Daytim	1966 e Telephone Number
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on _ Florida document number <u>L17000</u>0 74737 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:

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>	Address	Type of Action
AMBR	Thouas Albanese	PO Box 832	🗆 Add
		Bagdad, FL 32630	Remove
			Change
MGR	Ashlee Albanese	10141 old Bagdad Hwi	↓ _}X∧dd
		10141 Old Bagdad Hwy Milton, Fl 32583	J □ Remove
			Change
			Remove
			Change
			Add
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(If an effec <u>Note:</u> It	e date, if other th stive date is listed, the if the date inserted in it's effective date o	date must be specific this block does no	and cannot be proof of meet the app	dicable statut	ling or more than ory filing requi	(optional 90 days after filing ements, this date	.) Pursuant to 6	05.0207 (3 sted as th
	ord specifies a d 90th day after th			not an effe	ective time, a	it 12:01 a.m.	on the ear	lier of:
Dated _	Septembe	(4	2018	<u></u>				
	MANIM	LUbani	(SE)		Ja			
	- HILL	Signature o	of a member or at	uthorized repre	sentative of a me	mber		

Page 3 of 3

Filing Fee: \$25.00