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SECRETARY OF STATE
SECRETARY SEEF FLORIDA

S. WARREN JUN 0 9 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jupiter Premier Services LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for fitting. Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: FILINING CANCELLED
Firm/Company
3330 Fourchild Gardens Avenue
Palm Beach Garden SIFL 33420 City/State and Zip Code
E-mail address; (to be used for future annual report notification)
For further information concerning this matter, please call:
VCUENTIME LESTICE at 1501 223-5035 Name of Person Name of Person Name of Person Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$60.00 Filin

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

Jupiter Premier Services LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Liab	Iffy Company)
The Articles of Organization for this Limited Liability Company we Florida document number 17700000000000000000000000000000000000	re filed on $5/15/17$ and assigned
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 Contains the words "Liability Contains the words "	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)	
·	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	e address on our records, enter the name of the new
PBC1	City , Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provided to merely reflect a change in the registered office additionary has been notified in writing of this change.	formance of my duties, and I am timiliar with and vided for in Chapter 605, F.S. Or If this document is

FILINING CANCELLED

TI Changing Registered Agent. Signature of New Registered Agent

DUE TO RETURNED CHECKage 1 of 3

ON THE ARTICLES

MGR = Manager AMBR = Authorized Member CENTICLI CICUTO Type of Action Title Name ☐ Remove AMBR Eric Smith ☐ Remove Kristine Downs PR D Add ☐ Remove FILINING CANCELLED ☐ Change DUE TO RETURNED CHECK ON THE ARTICLES □ Add _□ Remove . □ Œnge-∏ _□ 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:

D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessal	vy.) · ·	
	Inceded to amend the requ	ister	ed
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•	myself and a few others		
	authorized users / man		
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E. Effect	tive date, if other than the date of filing: \(\sigma \subseteq \subseteq \subseteq \subseteq \subseteq \left(\sigma) \) (optional frective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.	l) g.) Pursuant to 6	505.0207 (3)(b)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this dat nent's effective date on the Department of State's records.		
	·		
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	. on the ear	lier of:
(D) ING	e 90th day after the record is filed.		
Dated	May 5th . 2017.		
	Ola Cattle O. Shan		
	Signature of a member of authorized representative of a member	三 原 7	_
	Typed or printed name of signee	SEST &	Ë
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FILII	NING CANCELLED Page 3 of 3	STAT	-
DUE	E TO RETURNED CHEGKee: \$25.00		• •

ON THE ARTICLES