

L17000/57466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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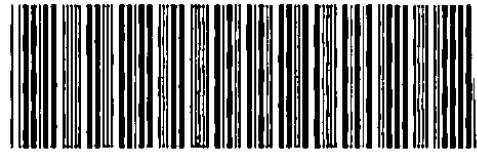
(Business Entity Name)

(Document Number)

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2013 SEP 16 P 2:48
TALLAHASSEE FL CHINA

OCT 11 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Premier Realty & Property Management
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joanne Rivera
Name of Person

Premier Realty & Property Management
Name/Company

18135 Canal Pointe St
Address

Tampa FL 33647
City/State and Zip Code

Jorivera2710@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanne Rivera at (908) 487-3243
Name of Person Area Code Daytime 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:
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

TO
ARTICLES OF ORGANIZATION
OF

Premier Realty & Property Management
(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 7/20/2016 SEP 16 P 2:21

Florida document number L17000157466

NOT A TALLY OR COPY OF
TALLAHASSEE, FLORIDA

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

20309 Bruce B. Downs
Tampa, FL 33647

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20309 Bruce B. Downs
Tampa, FL 33647

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

Joanae Rivera

New Registered Office Address:

20309 Bruce B. Downs Blvd.
Enter Florida street address

Tampa, Florida 33647
City 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 Changing Registered Agent, Signature of New Registered Agent:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	Joanne Rivera	20309 Bruce B Downs Blvd	<input checked="" type="checkbox"/> A
		Tampa, FL 33647	<input type="checkbox"/> R
			<input type="checkbox"/> C
MGR	Uma Rivera	20309 Bruce B Downs Blvd	<input type="checkbox"/> A
		Tampa, FL 33647	<input type="checkbox"/> R
			<input type="checkbox"/> C
MGR	Christian Lopez	20309 Bruce B. Downs Blvd, Christian	<input checked="" type="checkbox"/> A
		Tampa, FL 33647	<input type="checkbox"/> R
			<input type="checkbox"/> Ch
			<input type="checkbox"/> Ac
			<input type="checkbox"/> Re
			<input type="checkbox"/> Ch
			<input type="checkbox"/> Ac
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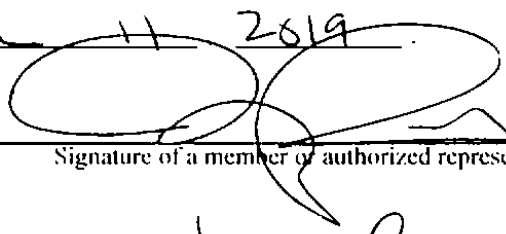
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea
(b) The 90th day after the record is filed.

Dated September 11 2019



Signature of a member or authorized representative of a member

Darlene Rivera
Typed or printed name of signee