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JAN 0 8 2019 S. YOUNG

## COVER LETTER

TO. Registration S Division of Co				
SUBJECT: PR	EM (LOU)	led Lability Corrapany	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter	a the following:		
	ALEXIS	PETRASZKI Name of Person	ewicz_	
	HTUANTHE	E GLOBAL T	BESCURIES	
	SIID ME	Address		
	WILLIAM	SVILLE NV.	14221	
	ALEXIS P	ETRACATUAN  o be used for future annual report note	STAGE GLOBAL RESIDE	R(ES, LOM
For further information c	oncerning this matter, please cu	II.		
HUTIS F	PETRIBZKIEW Person	17-7-4: / <del>7-18-</del>	898 7. Telephone Number	
f Encapsed is a check for t	he 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	

MAHJING ADDRESS: Registration Section Distation of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2061 Executive Center Circle Tallahassee, FL 32301

Certified Copy (additional copy is enclosed)

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMILED LLC (Name of the United Liability Company of the property on our records.) (A foods Limited Liability Company)
the Articles of Organization for this Limited Liability Company were filed on \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
his amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here:  PREVICES LLC be new name must be distinguishable and contain the words "Lamied Liability Company," the designation "LLC" or the abbreviation "LLC"
nter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
. 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:  Nume of New Registered Agent:  New Registered Office Address:
Enter Florida street øddbyss
, Florida
ew Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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,

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

If Changing Registered Agent, Signature of New Registered Agent

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ti amending Authorized person is authorized to manage, enter the time, name, and address of each person meing address or removed from our records:

MGR = Manager

AMBR # /	Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
		<del></del>	Change
			D Add
			🗀 Remove
			AW
			🗆 Rеточе
			Change
			D Remove
			Change
			☐ Remove
			Cl Change
			☐ Remove
			☐ Change

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ctive d	ote, if other than the date of filing:	
effective	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing I Pursuant to	
	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be effective date on the Department of State's records	listed
ecord	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e	arliec
e 90t	i day after the record is filed.	27 11 61
T.	CEMBER 14 ZOB	
	Mexic Vula la	
		-
-	Signature of a member og authorized representative of a member	
, -	Signature of a member optauthorized representative of a member	

Page 3 of 3 Filing Fee: \$25.00 18 DEC 26 PM 6: 28