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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number : 076770003401 Phone : (305)381-8108 Fax Number : (305)381-8109

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CC@ABOGADOMIAMI.COM

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PREMIER VILLAS LLC

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TO: Registration Se Division of Cor			
PREMIER	VILLAS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cindy E. Calderon		
	· 	Name of Person	
	Geoffrey M. Wayne, P.A.		de al report notification) 381-8108 Daytime Telephone Number be & S60.00 Filing Fee, Certificate of Status & Certificate Copy (additional copy is enclosed) Address:
		Firm/Company	
	135 San Lorenzo Ave., Ph	I 840	
		Address	
	Coral Gables, FL 33146		
		City/State and Zip Code	
	CC@ABOGADOMIAMI.	COM to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	·	•
Cindy E. Calderon		305 381-8108 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	tion
Division of C		Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIER VILLAS LLC		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
he Articles of Organization for this Limited Liability Company were filed on 02/07/2018	and assigne	ed
Torida document number L18000033867		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."	ä
Cnter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	·	
If smending the registered agent and/or registered office address on our regards, enter the new	ma of the new many	غدات
	me of the new re	gist
	me of the new re	<u>gist</u>
gent and/or the new registered office address here:	121 /17	<u>gist</u>
	me of the new re	gist
Name of New Registered Agent: New Registered Office Address:	129 AT 22	gist
gent and/or the new registered office address here: Name of New Registered Agent:	121 100 100 100 100 100 100 100 100 100	<u>vist</u>
New Registered Office Address:	129 AT 22	gist

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 heing 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

Docusign Envelope ID: 77834E22-2750-4F7B-6B8B-23031DFCAFF7
11 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	MARIE LOUISE BOOI	13658 KILTIE CT	
		DELRAY BEACH, PL 33446	□Remove
			□ Change
			□Add
		-	□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
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fective date, if other tha	n the date of filing:	(optional) to date of filing or more than 90 days after filing.) Pursuant to	
in effective date is listed, the da ote: If the date inserted in t	te must be specific and cannot be prior his block does not meet the applic	to date of filing or more than 90 days after filing.) Pursuant to able statutory filing requirements, this date will not be	o 605.0207 e listed as
cument's effective date on	the Department of State's records.	,	, , , , , , , , , , , , , , , , , ,
ecord specifies a delayed ef is filed.	fective date, but not an effective ti	ime, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
is mou.			
ited	2024		
···-	alessandra Gil M	·	

Filing Fee: \$25.00

Typed or printed name of signee