## 48000104294

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SECRETARY OF STAIR.

## **COVER LETTER**

TO: Registration S Division of Co			
	mier Group LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Antonio Hernandez		
		Name of Person	
		Firm/Company	
	8299 Bayview Crossing D	r	
		Address	
	Winter Garden Fl 34787		
		City/State and Zip Code	
	h.tony1@gmail.com		
	E-mail address: (	to be used for future annual report notif	fication)
For further information	concerning this matter, please co	all:	
Antonio Hernandez		281 9056280 at ()	
Name	of Person	Area Code Daytime	e 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:

TO:

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

AMG PREMIER GROUP LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our recorda Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability	Company were filed on 4/25/2018	and assigned
Florida document number L18000104294		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
PremierNest Real Estate LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		2011 SE:
		ATT TO
Enter new mailing address, if applicable:		IAN ASS
(Mailing address MAY BE A POST OFFICE BOX)		M C
<u> </u>		70 3 1
		LONG H
B. If amending the registered agent and/or regi	istered office address on our record	ls, enter the name of the new
registered agent and/or the new registered office ad	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	F	lorida
	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

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 = M $AMBR = A$	Ianager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		- <del></del>	Add
			☐ Remove
			☐ Change
		<del></del>	
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more to	(optional)
Note: If the date inserted in this block does not meet the applicable statutory filing red document's effective date on the Department of State's records.	than 90 days after filing.) Pursuant to 605,0207 (3) quirements, this date will not be listed as the
the record specifies a delayed effective date, but not an effective time ) The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier of:
Dated $5/7/18$	
Dated	

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Typed or printed name of signee

Filing Fee: \$25.00