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COVER LETTER

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TO: Registration Division of C			
	M WORKFLOW, LLC		
SUBJECT:	Name of Lin	ated Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	KERRY A. ROSICLAIR		
		Name of Person	
	PREMIUM WORKFLOW	LLC	
Fitm/Company			
3469 W. BOYNTON BEACH BLVD., STE 2 PMB 1034			
		Address	
	BOYNTON BEACH, FL.	33436	
		City/State and Zip Code	
	INFO@PREMIUMWORK	FLOW.COM to be used for future annual report notification)	
Provident of the control			
ror turner information	concerning this matter, please c	an:	
KERRY A. ROSICLA		305 332-8019 at ()	
Name	of Person	at ()	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy Certificate of Certified Copy tadditional copy is enclosed)	of Status & ppy
Mailing Addr Registration Division of P.O. Box 67 Tallahassee	n Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIUM WORKFLOW, LLC (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 $\frac{05/29/2018}{}$ and assigned Florida document number __1.18000133642 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 "LLC." 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) B. 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

New Registered Agent's Signature, if changing Registered Agent:

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ROSELINE MOISE	3469 W. Boynton Beach Blvd	□Add
		Suite 2 PMB 1034	≣ Remove
		Boynton Beach, FL 33436-4639	□Change
			□Add
			□Remove
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	ate of filing:		(optional)	
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ote: If the date inserted in this bloc cument's effective date on the Depter econd specifies a delayed effective of is filed. ted FEBRUARY 5	k does not meet the appartment of State's recollate, but not an effective appartment of 2021	plicable statutory filing requireds. The time, at 12:01 a.m. on the e	rements, this date will no	of be fisted as
	k does not meet the appartment of State's reco	plicable statutory filing requireds. The time, at 12:01 a.m. on the e	rements, this date will no arlier of: (b) The 90th	of be fisted as

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Filing Fee: \$25.00