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SEP 0 5 2019

I ALBRITTON

COVER LETTER

Divi	sion of Corp	orations		
SUBJECT:	PREMIER (GROUP HOMES, LLC		
		Name of Limit	ed Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return	all correspon	dence concerning this matter to	o the following:	
		ANGELA MACIVER		
			Name of Person	
		PREMIER GROUP HOMES	, LLC	
			Firm/Company	 -
		740 4TH STREET NORTH.	UNIT 152	
			Address	
		SAINT PETERSBURG, FL	33701	
		AGMACIVER@HOTMAIL.CO	City/State and Zip Code DM	
		E-mail address: (to	be used for future annual report not	fication)
For further in	formation co	ncerning this matter, please cal	II:	
ANGELA MA	ACIVER		813 245-8416 at ()	
	Name of I	Person		e Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling 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

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



PREMIER GROUP HOMES LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

Commit aprior (A)	madinty Company)		•
The Articles of Organization for this Limited Liability Company Florida document number L18000152029	were filed on 06/2	0/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :	
PREMIER MANAGEMENT SERVICES OF TAMPA BAY, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	ignation "LLC" or the abb	reviution "L.L.C,"
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 o registered agent and/or the new registered office address her		our records, <u>enter t</u>	he name of the n
Name of New Registered Agent:			
Name Descriptored Office Address			
New Registered Office Address:	Enter Floria	la street address	
		871	
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·		•
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete			
accept the obligations of my position as registered agent as	provided for in Ch	apter 605, F.S. Or, i	f this document is
being filed to merely reflect a change in the registered office	address, I hereby	confirm that the limit	ited liability

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
			Add
			Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			□ Add
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			Add
			□ Remove
			D Change

Effective date, if other than the date of filing: (In 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.) Purstain to 605,0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as if document's effective date on the Department of State's records. The 90th day after the record is filed. Dated AUGUST 22 2019 August Madada. Signature of a member or authorized representative of a member.			
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated AUGUST 22 2019			
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Signature of a member or authorized representative of a member	Note: If the date inserted in this block document's effective date on the Department specifies a delayed e	effective date, but not an ef	fective time, at 12:01 a.m. on the earlier of:
Organizate of a memory of authorized representative of a memor	Note: If the date inserted in this block document's effective date on the Department and Specifies and Heaved effective and the Poth day after the record specifies.	effective date, but not an ef	fective time, at 12:01 a.m. on the earlier of:
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Filing Fee: \$25.00