## 118000171428

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| Certified Copies            | Certificate    | s of Status |
| Special Instructions to Fil | ling Officer:  |             |
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Office Use Only



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## **COVER LETTER**

| TO:       | Registration Se<br>Division of Cor |   |                              |  |
|-----------|------------------------------------|---|------------------------------|--|
| ann ir    |                                    | Ith Street LLC  |                              |  |
| SUBJEC    | -I; <u> </u>                       | Name of Limi  | ited Liability Company       |  |
| The encl  | osed Articles of                   | Amendment and fee(s) are sub  | mitted for filing.           |  |
| Please ro | etum all correspo                  | ndence concerning this matter   | to the following:            |  |
|           |                                    | Roger Karre   |                              |  |
|           |                                    | Premium Development Inc   | Name of Person               | <del></del>                            |
|           |                                    | 600 Brickell Avenue, 15th   | Firm/Company Floor, Suite 28 |  |
|           |                                    | Miami, FL. 33131  | Address                      |  |
|           |                                    |   |                              |  |
|           |                                    | Premium 14th Street LLC  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  All correspondence concerning this matter to the following:  Roger Karre  Name of Person  Premium Development Inc.  Firm/Company  600 Brickell Avenuc, 15th Floor, Suite 28  Address  Miami, FL. 33131  City/State and Zip Code  rk@premiumdevelopment.us  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  rettl  786  Area Code  Daytime Telephone Number  check for the following amount: |                              |  |
| For furth | ner information co                 | oncerning this matter, please ca  | ill:                         |  |
| Aimee I   | Dingwell                           |   |                              |  |
|           | Name of                            | f Person  | Area Code Daytime            | Telephone Number                       |
| Enclosed  | l is a check for th                | ne following amount:  |                              |  |
| \$25.     | 00 Filing Fee                      |   | Certified Copy               | Certificate of Status & Certified Copy |

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

FILED

2018 DEC -3 PM 5:58

Premium 14th Street 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  $\frac{07/13/2018}{1}$ \_\_\_\_ and assigned Florida document number \_\_L18000171428 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Premium 15th Avenue LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 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

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

| MGR =  | Manager    |        |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| Title | Name | Address | Type of Action |
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| if an effective da | e, if other than t<br>te is listed, the date t | must be specific an | id cannot be prior | to date of filing o | or more than 90 d | ays after filing.) Pur | suant to 605.0207 |
| Note: If the d     | ate inserted in this<br>fective date on the    | block does not      | meet the applic    | able statutory f    | iling requireme   | nts, this date will    | not be listed as  |
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|                    | pecifies a delay<br>day after the r            |                     |                    | it an effectiv      | e time, at 1.     | 2:01 a.m. on t         | the earlier of    |
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Typed or printed name of signee

Filing Fee: \$25.00