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(Red	questor's Name)	
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	,	COVER LETTER		
TO: Registration So Division of Cor				
72 Proof G	olf, LLC		£.	
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Cherie Hanley			
		Name of Person		
	Community Health Solution	ons of America, Inc.		
		Firm/Company		
	13600 ICOT Blvd., Bldg.	A		2028 AUG 25 1821 AUG 25
		Address		22 T
	Clearwater, FL 33760			NUG 25 PM 2: 15
		City/State and Zip Code		
	entitymanagement@chsame	erica.com (to be used for future annual re		3E 5
For further information c	oncerning this matter, please c		port notification)	,
Cherie Hanley		727 431-4	4866	
Name o	f Person	at () Area Code	Daytime Telephor	ne Number
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Add</u> Registrati	ress: ion Section	
Division of C			of Corporation	ns
P.O. Box 632	7	The Cent	re of Tallahass	see
Tallahassee, l	FL 32314	2415 N. N	Monroe Street,	Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

72 PROOF GOLF, LLC				
(Name of the Lir	nited Liability C (A Florida Lir	Company as it now appears on ited Liability Company)	on our records.)	
The Articles of Organization for this Limited Florida document number L18000175569	Liability Com	pany were filed on July	20. 2018	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited	l liability company here	<u>:</u> :	
PREMIER FACILITIES MANAGEMENT, LLC	;			
The new name must be distinguishable and contain the	words "Limited	Liability Company," the desi	gnation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		N/A		_
Principal office address MUST BE A STRE	ET ADDRES	<u></u>		
			4CE	2020
Enter new mailing address, if applicable:		N/A		FIL AUG 25
(Mailing address MAY BE A POST OFFICE BOX)				3 <u>in</u>
B. If amending the registered agent and/or agent and/or the new registered office addr	registered of ess here:	fice address on our reco	LORH LORH	<u> </u>
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
· · · · · · · · · · · · · · · · · · ·		Enter Florida	street address	
			, Florida	
		City		Zin 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	□Add
			□Remove
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		2020					
August 2/			·				
August 2/	0.4-1		·				
August 2/	Leff Signature	of a member or au	thorized represer	ntative of a mem	рег		

Filing Fee: \$25.00