# 118000/18/002

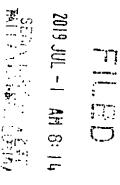
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJI	ECT:	Premie Name of Limi	(L Counse SeAr ited Liability Company	<u>L</u>
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Premie 176395E The V.11A	Name of Person  Address  Surface  Address  City/State and Zip Code  The Q SMA is to be used or future approval report not	32/62
For fu	ther information co	oncerning this matter, please ca	,	,
	Teffrey 2 Syame of	Person	at ( <u>90</u> F) Fo	83-2402 ne Telephone Number
Enclos	ed is a check for th	e following amount:		
<b>5</b> \$2	5.00 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:

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 Course	Search LLC
(Name of the Limited Liability Co (A Florida Limi	Search LLC mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp	any were filed on $\frac{7/27}{201F}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited    Lutley Legar   Sear  The new name must be distinguishable and contain the words "Limited I.	•
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	70 JU 17
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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

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fective date, if other than the date n effective date is listed, the date must be spote: If the date inserted in this block d	secific and c	annot be pri	ior to date o licable stat	f filing or m utory filin	ore than 90 g requirer	(optio ) days after nents, this	filing.) Pur	suant to 6 not be li	05.0207 sted as
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				signee					

Page 3 of 3

Filing Fee: \$25.00