11800190843

(R	equestor's Name)
(A	ddress)
(A:	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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COVER LETTER

TO: Registration Division of C	Section				
TANISION OF C	on por accors				
	2 Die	and III			
SUBJECT:	2 Pret mium 1. Name of Limit	al Linklin Common			
	isane or thin	ed Frantity Company			
900 I . J A J .	l 	and a second second			
The enclosed Articles	of Amendment and fee(s) are subm	ntted for ining,			
Please return all corre	spondence concerning this matter to	o the following:			
	ク		<i>t</i>		
	Monn	Name of Person	Jr		
	,	Name of Person			
	_				
		Premin Mover	5 216		
		Firm/Company			
	4570	2 St Johns	The #102		
		Address			
	In Fran	CityState and Zip Code	32210		
			•		
	Premi	be used for future annual report notif	6.100		
	E-mail address: (to	be used for future annual report notif	ication)		
For further information	n concerning this matter, please cal	l.			
	reconcerning and matter, preade car				
	11	K. 11 1 212	26 2 3		
- 200RO	n Noyen +	at (200) Code	Tulophana Number		
184	e of r erson	Mea Code Daytime	relephone Number		
Enclosed is a check to	r the following amount:				
25.00 Filing Fee	□ \$30.00 Filing Fee &		□ \$60,00 Filing Fee.		
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		
		100000000000000000000000000000000000000	(additional copy is enclosed)		
ľ					
	ILING ADDRESS:	STREET/COURT Registration Section			
Registration Section Division of Corporations		Division of Corporations			
P _I O.	Box 6327	Clifton Building			
Tatt	ahassee, FL 32314	2661 Executive Cer	nter Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	\mathcal{Z}	PREMIUM	Mulas	110	
	(<u>Name of th</u>	<u>ie Limited Liability Co</u> (A Florida Lim	mpany as it now ap ited Liability Compa	pears on our records.) ny)	1
			oany were filed or	3-9-18	and assigned
Florida document nu	mber <u>2/800</u>	00190893.			
This amendment is s	submitted to amend t	he following:			
A. If amending na	me, <u>enter the new n</u>	ame of the limited	liability compan	<u>v here</u> :	
The new name must be t	fistinguishable and conta	un the words "Limited I	,iability Company," i	the designation "L1.C" (
 Enter new principa	d offices address, if	applicable:			SECR
 (Principal office add			<u> </u>		
					ယ င္တင္ႏို
					* 9
Enter new mailing	address, if applicab	ole:			
(Mailing address M	<u>AY BE A POST OF</u>	FICE BOX)			O 😤
B. If amending t				on our records,	enter the name of the new
Name of N	ew Registered Agen	<u>t</u> :			
New Regis	tered Office Address	s:			
			Enter	Florida street address	
				, Flor	rida
			City		Zip Code
New Registered Ager	nt's Signature, if cha	nging Registered Ag	<u>ent:</u>		
provisions of all sta accept the obligation	itutes relative to th ons of my position c ly reflect a change	e proper and comp is registered agent in the registered oj	lete performance as provided for	e of my duties, and in Chapter 605, F	her agree to comply with the I Lam familiar with and .S. Or, if this document is the limited 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 added or removed from our records: MGR = Manager AMBR = Authorized Member **Title** Name Address Type of Action Bonnie helling Se. 2634 Sources une Whole Jacksonille, Chines 32208 - Remove _____ Change □ Remove _____ Change D Λd/l ☐ Remove _____ □ Change _□ Remove _□ Change \square Add ☐ Remove ☐ Change □ Add _□ Remove

____ Change

D., If ame	ending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an eff <u>Note:</u>	ective date is If the date i	other than the date of filing:	97 (3)(b) is the
		ifies a delayed effective date, but not an effective time, at $12{:}01$ a.m. on the earlier of after the record is filed.	of:
Dated	///	305 to 10th 2018.	
		Marn Much Signature of a member or authorized representative of a member	
		/ Signature of a member or authorized representative of a member	
		Sharan Muyent Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00