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(F	Requestor's Name)	
(A	address)	
4)	Address)	
(C	City/State/Zip/Phone #)	<u> </u>
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(0	Document Number)	<u> </u>
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SLORETARY OF STATIONS
DIVISION OF CORPORATIONS

N COOPER SEP 10 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MA Premier Choices LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Monammad Abdallah Name of Person
MA Premier Choices LLC Firm/Company
11083 Boston Dr.
HOlly Wood, FL 33026 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Morrange Abdallah at (305) 968-3859 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee Scription S30.00 Filing Fee Scription Certificate of Status Certificate of Status S
(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

(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Co		and assigned
Florida document number	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	18 SI
		En RETAIL
Enter new mailing address, if applicable:		1
(Mailing address MAY BE A POST OFFICE BOX)		4 90.
		3 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered agent and/or the new registered office addr		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre:	re
	, FI	orida Zıp 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>	Name	<u>Address</u>	Type of Action
<u></u> Ng.c.	Mohammad Abdallah		33024 L_XAdd
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an effe <u>ote:</u> I	ce date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after to the date inserted in this block does not meet the applicable statutory filing requirements, this ont's effective date on the Department of State's records.	iling.) Pursuant to	
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a. 90th day after the record is filed.	m. on the ea	arlier of
ated _	August 28 . 2018.		

Page 3 of 3

Filing Fee: \$25.00