L18000276241

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(During Fig. No.)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SUBJECT		tual Events, LLC	,	e e		
TODJECT:	•	Name of Limited Liability Company				
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		Steven Edwards			2	
			Name of Person		- 21 6	
		Premier Virtual	Name of reison		2019 MAY 23 PH 1: 2	<u></u>
			Firm/Company		_ ် ယ [
		3469 W. Boynton Beach B	• •		PH	C)
			Address		- 7 2	
		Boynton Beach, FL 33436			7	
		steve@careershowcase.com	City/State and Zip Code		_	
		E-mail address: ()	to be used for future annual report no	otification)		
For further	information e	oncerning this matter, please ea	ıll:			
Steven Edv	vards		561 717-9717 at ()			
	Name of	Person		ime Telephone Numbe	<u></u>	
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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 Virtual Events, LLC		į
(<u>Name of the Limited Liab</u> (A Flori	ility Company as if now appears on our reco da Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability	Company were filed on 11/29/2018	and assigned
Florida document number 1.18000276241		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
Premier Virtual, LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "Ll	.C" or the abbreviati L.L.C."
Enter new principal offices address, if applicable:		9
(Principal office address MUST BE A STREET ADE	DRESS)	Y 23
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our recor dress here:	ds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ens
		lorida
	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

If amending or removed	g Authorized Person(s) authorized to r from our records:	naпage, <u>enter the title, name,</u>	and address of each person being added
MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Add
			Remove APPRO
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	5/17/20	110			
Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	date of filing:st be specific and cannot be ock does not meet the ap	prior to date of filing oplicable statutory	or more than 90 days a	ptional) fler filing.) Pursu this date will n	iant to 605.0207 (ot be listed as t
ne record specifies a delayed The 90th day after the rec		t not an effectiv	ve time, at 12:0	1 a.m. on th	ne earlier of:
Dated May 17	, 2019	<u> </u>			
	//	_			
					
	Signature of a member or	authorized represent	ative of a member		

Page 3 of 3

Filing Fee: \$25.00