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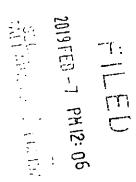
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Premier Consultant Group 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:
Cordell Brooks Name of Person
Premier Consultant Group LLC Firm/Company
10975 Wey mouth Cir North
Jacksonville FL 32246 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cordell Brooks at (904) 803 - 7933  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee.  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

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Pramier Consul	tant Grantiability Company as it n	ow appears on our lompany)	ecords.)
The Articles of Organization for this Limited Liabi Florida document number	lity Company were fi	ed on <u>Dece</u>	m be 517 and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the  Aim's Consultant Gray  The new name must be distinguishable and contain the word	LLC Limited Liability Com	npany here:	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.			11: 9 7:
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:  New Registered Office Address:	registered office a	ddress on our i	
		<i>3</i>	Florida
		ity	Zip Code
New Registered Agent's Signature, if changing Real I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has been notified in wr	agent and agree to r and complete perfo tered agent as provic egistered office addr	lad for in Chanti	er 605. F.S. Or, if this document is
	If Changing	Registered Agent, <u>S</u>	gnature 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 = M AMBR = A	anager uthorized Member		T CANCE
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Remove
			☐ Change

f amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an el Note:	tive date, if other than the date of filing:  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he re Th	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of e $90$ th day after the record is filed.
Date	1/24/19. 2014
	Signature of a member or authorized representative of a member
	Cordell Brooks Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00