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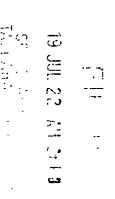
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## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
SUBJECT:	Premier El	He Homes	11 C
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Struer	1 H KOH	$\sqrt{}$
	Primin	Name of Person  Clift  Firm/Company	tomes 11C
	2138 U	AN BULLA Address	st#606
	- HOLLY WOO	OV) F/ 33 City/State and Zip Code	3020
		City/State and Zip Code  (OG) DU/SOUTH / V  to be used for future annual report not	16+
For further information	on concerning this matter, please ca	all:	
Stuuin	Kuhn	at (954) 605	5817
Nan	ne of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 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

# TO ARTICLES OF ORGANIZATION OF

Primier Elite Homes LLC

(Name of the Limited Liability ( (A Florida Li	Company as it now appears on our records.) mited Liability Company)		<del></del>
The Articles of Organization for this Limited Liability Con Florida document number <u>L</u> 190001594	npany were filed on <u>JUNC 17/</u> 86	<u>201</u> 4nd	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the a	ibbreviation	n "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>ss</u> )		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register registered agent and/or the new registered office address		the nai	me of the
Name of New Registered Agent:		<u></u>	=
New Registered Office Address:		* ·	
	Enter Florida street address		_1 <del>_</del>
	, Florida	7in C	<del>-</del>
	CIII	7.47	MIC:

#### 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Struin H KOHN	2138 VAN BUREN ST #606 HOLLY WOOD F1 33020	_ <b>t</b> Add
			Remove
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LH <b>ective</b> Ean effecti	date, if other than the date of filing: (optional) we 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 605.020
	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
document	's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	of the carrier of the record is filed.
1110 30	ar day after the record is med.
	1.1.1.14 2014
Dated	JULY 19 2019
	Signature of a member of authorized representative of a member
	Strun Rohn
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00