

L19000170581

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(Address)

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(City/State/Zip/Phone #)

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2020 JUN 09 PM 2:37

FILED

Amend

JUN 10 2020
I ALBRITTON

TO: **Registration Section**
Division of Corporations

SUBJECT: PREMIER LINENS 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:

JAIME M AGUILERA SIERRA

 Name of Person

PREMIER LINENS LLC

 Firm/Company

7970 SW 37TH TERRACE

 Address

MIAMI, FLORIDA 33155

 City/State and Zip Code

JAGUILER364@YAHOO.COM

 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAIME M AGUILERA SIERRA

305

613 0096

at (_____) _____

 Name of Person

 Area Code

 Daytime Telephone Number

Enclosed is a check for 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 Address:

Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PREMIER LINENS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2020 JUN 29 PM 2:31

The Articles of Organization for this Limited Liability Company were filed on 07/01/2019 and assigned Florida document number L19000170581.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 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

[illegible]

(If an effective 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 (3),

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

24/2020 . _____

Signature of a member or authorized representative of a member

Typed or printed name of signee