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| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

| SUBJECT: LF | | PREMIER NETWOO | uc, ccc |
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| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Anor | ES L. HOBRA Name of Person | <u></u> |
| | LA RUSA | REALTY PREMIER N | Jermone, UC |
| | 626 | N. ALAFAYA TRU Address | + 207 |
| | ORLA | City/State and Zip Code | 8 |
| | aheb E-mail address: (| City/State and Zip Code The Photmail. Cate to be used for future annual report no | nfication) |
| | oncerning this matter, please ca | all: | |
| ANDRES | L. HEBEA | at (<u>407)</u> 902 Area Code Daytii | .7591 |
| Name o | f Person | Area Code Daytii | me Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| S25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy | ☐ \$60.00 Filing Fee. Certificate of Status & |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

TO:

Registration Section Division of Corporations

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

The Day of the Park of the Par

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Ff. 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Con- | ompany were filed on $\frac{7/22/2019}{}$ and assigned |
|--|--|
| Florida document number <u>L 19 0 0 0 1 80 232</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limite | ted liability company here; |
| | |
| The new name must be distinguishable and contain the words "Limite | 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 ADDRE | ESS) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre | tered office address on our records, enter the name of the new |
| registered agent and/or the new registered office addre | esy here. |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| • | Enter Florido street address |
| | Florida |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered | |
| provisions of all statutes relative to the proper and con accept the obligations of my position as registered age | and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and event as provided for in Chapter 605, F.S. Or, if this document is doffice address, I hereby confirm that the limited liability |
| | If Changing Registered Agent, Signature of New Registered Agent |
| | Page 1 of 3 |

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or femoved from our records:

| AMBR = A | ranager Authorized Member | | |
|-------------|------------------------------|--|----------------|
| Title | <u>Name</u> | Address | Type of Action |
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| | | 016 N. ALAFAYA TR. \$20 DRLAMAD FL. 32828 | Remove |
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| iffect | ctive date, if other than the date of filing: | (optional) |
| f an ef | effective date is listed, the date must be specific and cannot be | prior to date of tiling or more than 90 days after filing.) Pursuant to 605 0207 pplicable statutory filing requirements, this date will not be listed as |
| docur | ument's effective date on the Department of State's rec | ords. |
| | | |
| ne re The | record specifies a delayed effective date, bu ne 90th day after the record is filed. | t not an effective time, at 12:01 a.m. on the earlier o |
| | 1 1 | |
| Dated | ed 8/15/ 20 | <u>19</u> . |
| | | |
| | Signature of a member of | rauthorized representative of a member |
| | • | |
| | Annes C | HEBRA |
| | | printed name of signee |

Page 3 of 3

Filing Fee: \$25.00