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(A	Address)
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(0	Document Number)
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COVER LETTER

	ration Section on of Corporations	
SUBJECT: <u>()</u>	Mame of Limited Liability Company	
The enclosed Ar	rticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	ASNULY N(LT) Name of Person	
	Firm/Company	
	5804 Boyette Rd # 7134 Wesley Chapel, Fr 3334	5
	City/State and Zip Code	
For further infor	rmation concerning this matter, please call:	
Ashluy	Name of Person at (77) 619 - 6315 Area Code Daytime Telephone Number	
Enclosed is a ch	neck for the following amount:	
□ \$25.00 Filin	rig Fee Certificate of Status S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

Premier Properties Tam	palic					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears (liability Company)	on our records.)				
The Articles of Organization for this Limited Liability Company Florida document number <u>UGOOZOT319</u> . This amendment is submitted to amend the following:	were filed on <u>1()</u>	129/19	and a	ssigned		
A. If amending name, enter the new name of the limited liab	ility company here	<u>:</u>				
			_			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desi	gnation "LLC" or the abb	reviation "	L.L.C."		
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)			2019			
		<u> </u>	- 25	* *************************************		
		<u> </u>	V 25	· n =		
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)		*:	=======================================	<u></u> :		
			-			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		our records, <u>enter t</u>	he nam	of the ne		
New Registered Office Address:	Enter Florida	a street address				
	City	Florida	Zip Cod	2		
New Registered Agent's Signature, if changing Registered Agent:	•		•			
I hereby accept the appointment as registered agent and agroup provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of m provided for in Ch	y duties, and I am fa apter 605, F.S. Or, ij	miliar w f this doc	ith and cument is		
If Chan	ging Registered Agen	t. Signature of New Reg	stered Ao	ent		

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 = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	fruitt, (nris	5 804 Boyette Rd # 7134 Wesley Chapel, FC 33545	□ Add
			Remove
			□ Change
<u>AMBR</u>	Nat Ashuy	5804 Boyette Rd #7134	XAdd
		5804 Boyette Rd #7134 Welley (hapel FL 33545	■ Remove
			☐ Change
			🗖 Add
			🗆 Ксточе
			🗅 Change
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Note: If the	date inserte	r than the of the date must ed in this bloom the De	ick does not	t meet the	applicable.			90 days afte			
		a delayed er the reco			ut not an	effective	time, a	t 12:01	a.m. on	the earlie	er of
ated				<u></u>	·			/	9		
		3 .						//	///		
	(<u>/}</u>	Signature of	a member o	or authorized	representati	ve of a me	nbee	10		

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Filing Fee: \$25.00