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COVER LETTER

TO:	Registration Se Division of Cor		•		
	SOUTH SE	PULVEDA LAND MANAGE!	MENT LLC		
SUBJ	ECT:			•	
			Name of Limited Liability Company and fee(s) are submitted for filing. erning this matter to the following: TH D GRULLON-SEPULVEDA Name of Person SEPULVEDA LAND MANAGEMENT LLC Firm/Company 307-3905 TAMPA ROAD Address AR FL 34677 City/State and Zip Code E-mail address: (to be used for future annual report notification) is matter. please call: 813 454-4647 at (
	Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: ALBERTH D GRULLON-SEPULVEDA Name of Person SOUTH SEPULVEDA LAND MANAGEMENT LLC Firm/Company PO BOX 307-3905 TAMPA ROAD Address OLDSMAR FL.34677 City/State and Zip Code Le-mail address: (to be used for future annual report notification) further information concerning this matter, please call: rth D Grunion-Sepulveda 813 454-4647 at (
The er	nclosed Articles of	POPPORATIONS SEPULVEDA LAND MANAGEMENT LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: ALBERTH D GRULLON-SEPULVEDA Name of Person SOUTH SEPULVEDA LAND MANAGEMENT LLC Firm/Company PO BOX 307-3905 TAMPA ROAD Address OLDSMAR FL 34677 City/State and Zip Code L-mail address: (to be used for future annual report notification) concerning this matter. please call: pulveda 813 454-4647 at (Area Code Daytime Telephone Number the following amount:			
Please	return all correspo	ndence concerning this matter t	to the following:		
		ALBERTH D GRULLON-	SEPULVEDA		
		-	Name of Person		
		SOUTH SEPULVEDA LAI	ND MANAGEMENT LLC		
			Firm/Company		
	PO BOX 307-3905 TAMPA ROAD				
			Address		
		OLDSMAR FL 34677			
			City/State and Zip Code		
		HR Convini	MOVIACOS (o be used for future annual report notifi	Cation)	
For fu	rther information co	oncerning this matter, please ca	ıll:		
Albert	h D Grunion-Sepul	veda	813 454-4647		
Name of Person		i Person		Telephone Number	
Enclos	sed is a check for th	e following amount:			
□ \$2	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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	-
The Articles of Organization for this Limited Liability Company 1.20000008892 Lorida document number	were filed on and	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Premium Outdoor Living LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	2024 J	-11
Enter new mailing address, if applicable:	JAN - 8 P	m
Mailing address MAY BE A POST OFFICE BOX)	E.FL.	0
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the i</u>	new regis
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida street address	
	Plantin	
	Florida Ziv Co	de

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 the 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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		-	□ Remove
			Change
			
			□Remove
			□ Change
			□Add
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