1/28/2020 Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000318143)))



H200000318143ABCT

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.

Account Number : I20020000100 Phone : (305)944-9755 Fax Number : (888)401-1914

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 _

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PREMIUM CONSULTING & INVESTMENT LLC

Certificate of Status	0
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TO:

(((H200000318143)))

COVER LETTER

	Registration Sec Division of Corp							
SUBJEC		CONSULTING & INVESTM	ENT LLC					
SOBJEC	··	Name of Limi	ited Liability Company					
The enclo	osed Articles of a	REMIUM CONSULTING & INVESTMENT LLC Name of Limited Liability Company Anticles of Amendment and fec(s) are submitted for filing. I correspondence concerning this matter to the following: FREDSON JUSTO Name of Person PREMIUM CONSULTING & INVESTMENT LLC Firm/Corupany 5220 S UNIVERSITY DR SUITE 102 Address DAVIE FL 33328 City/State and Zip Code E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call:						
Please ret	um all correspo	ndence concerning this matter	to the following:					
		FREDSON JUSTO						
			Name of Person					
			Firm Company					
		5220 S UNIVERSITY DR SUITE 102						
		DAVIE FL 33328						
			City/State and Zip Code					
		E-mail address: ()	o be used for future annual report notif	ication)				
For furth	er information co	oncerning this matter, please ea	nil:					
FREDSO	ON JUSTO		nt (
	Name o	f Person	Area Code Daytime	Telephone Number				
Enclosed	is a check for th	ne following amount:						
\$25.0	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

(((H200000318143)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SULTING & INVESTMENT ELC	
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L20000017046</u>	ompany were filed on01/09/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here;	2020 SEC
N/A	<u></u>	台灣 🖢 🎵
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the	abbrieviation "L
Enter new principal offices address, if applicable:	N/A	- 60 W
(Principal office address MUST BE A STREET ADDRE	ESS)	77 2 - D
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regist registered agent and/or the new registered office address.	ered office address on our records. ente	r the name of the new
registered agent and/or the new registered office addr	ess nere.	
Name of New Registered Agent: N/A		
New Registered Office Address:	EmerFloridastreetaddress	
	, Florida _	ZipCode
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 Changing Registered Agent, Signature of New Registered Agent

(((H200000318143)))
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>	Name	Address	Type of Action
MGR	INTERNATIONAL THING LLC	200 CONTINENTAL DRIVE SUITE 401	
		NEWARK, DE 19713	■ Remove
			Change
MGR	JUSTO, FREDSON	5220 S UNIVERSITY DR	■ Add
		SUITE 102	☐ Remove
		DAVIE, FL 33328	2028 SEC
			A Dresid
			D Remove
			N N N N N N N N N N N N N N N N N N N
			Remove
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		e of filing.	·			(optional sys after filing	g.) Pursu u r	nt to 605.	020
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