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(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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R. WHITE FEB 2 4 2020

COVER LETTER',

TO:	Registration Se Division of Cor				
0.00	Premier Co	rporate Resources, LLC			
SUBJE	(1:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	-		
Please re	etum all correspo	ondence concerning this matter	to the following:		
		Timothy Bundy			
			Name of Person		
			Firm Company		
		1413 Compton St.			
		Address			
		Brandon, FL 33511			
		drbundy@medlegalprofessi	City State and Zip Code		
			to be used for future annual report not	ification)	
For furth	her information c	oncerning this matter, please c	all:		
Kaela A	andersen		800 375-2453 at ()		
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed	d is a check for th	he following amount:			
■ \$2 5.	.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)	
	Registr	ING ADDRESS:	STREET/COUR Registration Section Division of Correct	on	

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

28082 31 84 3:11

(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our record- imited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Con	npany were filed on 01/10/2020	and assigned
Florida document number L20000018165	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "Lf,C"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAV BE A POST OFFICE BOX)		
		•
B. If amending the registered agent and/or register registered agent and/or the new registered office address		, enter the name of the
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
•	Enter Florida street address	S
	, Flo	OridaZip Code
	Cιή.	Zıp Code

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
AMBR	Timothy Bundy	1413 Compton St.	
		Brandon, FL 33511	■ Remove
			□ Change
AMBR	Synergy Asset Management, LLC	200 W. 34th Ave, #977	
		Anchorage, AK 99503	Add
			□ Remove
			☐ Change
			Add
			С Вепюче
			☐ Change
			_ □ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			Велюче
			☐ Change

. = 114	ending any other information, enter change(s) here: (Attach additional sheets, if necessary:)
-	
	<u> </u>
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•	
•	
-	
an ef	ive date, if other than the date of filing:
e rec The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	01/28 2020
	Signature of a member or authorized tepresentative of a member

Page 3 of 3

Filing Fee: \$25.00