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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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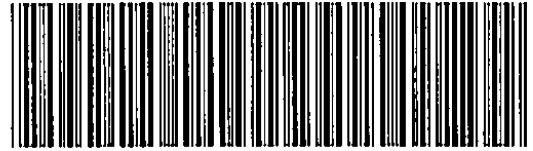
(Business Entity Name)

(Document Number)

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2020 JUN 30 AM 6:58

AUG 12 2020

S. YOUNG

TO: Registration Section
Division of Corporations

SUBJECT: Prempen Exchange LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Taurean Agiyeman
Name of Person

prempen Exchange LLC
Firm/Company

283 East Shuey Ave
Address

Macleamy, Florida, 32063
City/State and Zip Code

Truganix@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Taurean Agiyeman at (904) 405-4141
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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

TO
ARTICLES OF ORGANIZATION
OF

Prempen Exchange LLC

(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 Company were filed on 2/5/2020 and

Florida document number L20000036683

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

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:

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
<u>AMBR</u>	<u>Permerlea H Agyeman</u>	<u>283 East Shuey Ave</u>	<input type="checkbox"/> A
		<u>Marietta Florida 32063</u>	<input checked="" type="checkbox"/> A
			<input type="checkbox"/> C
<u>AMBR</u>	<u>NANA Agyeman</u>	<u>50 Westminister St</u>	<input type="checkbox"/> A
		<u>Worcester Massachusetts 01605</u>	<input checked="" type="checkbox"/> A
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> B
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> B
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> B
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> B
			<input type="checkbox"/> C

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This Amendment is only intended to remove
Nana Agyeman And Permejea Harris Agyeman
from the officers List of Prempen Exchange &
All other information listed is still Active.

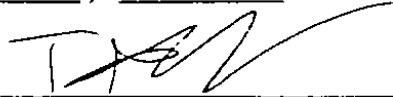
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to (

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a record is filed.

Dated 6/26, 2020.



Signature of a member or authorized representative of a member

TAUREAN Agyeman

Typed or printed name of signee