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DIVISION OF CORPORATIONS

22 MAR 31 AM 9: LL

T. MATTHEWS APR 14 2022

COVER LETTER

SUBJECT:	Name of Lin	uted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	VIÇKI TAYLOR		
	PREMIER REMODELING LLC Name of Linused Liability Company Re enclosed Articles of Amendment and fee(s) are submitted for filing. Preserve return all correspondence concerning this matter to the following: VICKITAYLOR Name of Person GEM INSURANCE LLC Finn-Company 4131 SOUTHSIDE BLVD STE 100 Address JACKSONVILLE, FL 32216 City/State and Zip Code VICKI@GEM1.NET E-mail address (to be used for future annual report notification) r turther information concerning this matter, please call: ICKITAYLOR Name of Person Name of Person Name of Person Daytime Telephone Number closed is a check for the following amount:		
Division of Corporations PREMIER REMODELING LLC Name of Unuted Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: VICKLTAYLOR Name of Person GEM INSURANCE LLC Finn-Coupany 4131 SOUTHSIDE BLVD STE 109 Address JACKSONVILLE, FL 32216 City/State and Zip Code VICKI@GEM1.NET E-mail address to be used for future annual report notification) For further information concerning this matter, please cell: VICKLTAYLOR Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Bigsir \text{S25.00 Filing Fee} \text{ \$\Lambda\$ \$55.00 Filing Fee & Certificate of Status} \text{ \$\Certificed Copy (additional copy 5 enclosed)} \text{ \$\Certificed Copy radditional copy 5 enclosed}}			
	*************************************	Firm/Company	
	4131 SOUTHSIDE BLV0	STE 109	
JACKSONVILLE.	·	Address	
	JACKSONVILLE, FL 323	216	
	VICKIGEMI NET	City/State and Zip Code	
	***	to be used for future annual report not	fication)
For further information c	concerning this matter, please c	all:	
VICKI TAYLOR			
Name e			ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	=		ction
Negistiation i	Section	-	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO FILED FILED ARTICLES OF ORGANIZATION: OF CORPORATIONS

22 MAR 31 AM 9: 44

PREMIER REMODELING 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 of	vere filed on <u>05/11/202</u> 0	and assigned
Florida document number 1.20000126234		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability".	y Company," the designation	on "L.L.C" or the abbreviation "L.L.C."
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)		
Franking address shar bit a rost of rich boxy		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: Name of New Registered Agent:	ldress on our records,	
New Registered Office Address:		
	Enter Florida strec	t address
·		
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my dui povided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
If Chang	ing Registered Agent, Sign	nature of New Registered Agent

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>l'itle</u>	<u>Name</u>	Address	Type of Action
MGR	ALEXANDER DELGADO	12401 NE 16TH AVE APT 205	⊠ Add
		NORTH MIAMI, FL 33161	□Remove
		<u> </u>	□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
····			□Add
			□Remove
			
			□Remove
			□ Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing:	
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Effective date, if other than the date of filing:	
Effective date, if other than the date of filing: (optional) fan 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 document's effective date on the Department of State's records.	_
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Effective date, if other than the date of filing:	
fan effective date is listed, the date must be specific and connot 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 document's effective date on the Department of State's records.	
t'an effective date is listed, the date must be specific and connot 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 document's effective date on the Department of State's records.	
o record specifies a delayed effective date, but not an effective time, at 1,901 a.m. on the earlier of (b). The 90th day of	
ed is filled.	ifter the
Dated	
Signature of a pember or dancorized representative of a member	
BENNY DELGADO	

Filing Fee: \$25.00