L20 000 174604

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COVER LETTER

LLC

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	PREMIERE	PAPER HANG	in i Painting
	Name of Lim	ned thatmity company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	TAC	Many DIGZa	- -
		Name of Person	
	MIAMI	TAX 9 ACCOUR	ting
			7 578 4 / 03 7 20 m iffication) 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		Address	
	Miani	f1 33 15	7
		City/State and Zip Code	2
	lamy & mi	ani pro tax. (ification)
	E-mail address: (to be used for future annual report not	ification) $\frac{1}{2}$.
	oncerning this matter, please ca	all:	23 27 27 27 27 27 27 27 27 27 27 27 27 27
TALMAN	Diaza	at (786) 808 Area Code Daytin	-65953 N
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	nation
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIEVE FAF (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000174604</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	concesso dina 110
PREMIERE PAPER HAN The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." N/A-1, 3 N/A-
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:	\mathcal{N}/\mathcal{A}
(Mailing address MAY BE A POST OFFICE BOX)	- I
	<u>:</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name of the new registere
	,
Name of New Registered Agent:	N/A
New Registered Office Address:	'
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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p heing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Char	nging Registered Agent, Signature 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
			□Change
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rective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	date of filing or more the statutory filing re	nan 90 days after tim	ig.) ruisuani 10 005.0
ecord specifies a delayed effective date, but not an effective time s filed.	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after t
red 7/08 2020	- ·		
$\sim 100$	luy		
Signature of a momber or authorize	zed representative of a	member	

Filing Fee: \$25.00