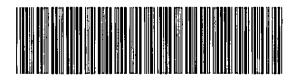
LZO 000245152

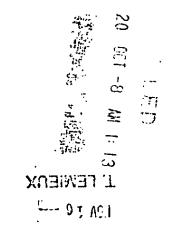
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Sect Division of Corpo				
SUBJE		ENTERPRISE GROUP LLC	•	•	
SUDJI.		. Name of Lim	ited Liability Company	S	
		mendment and fee(s) are sub	•		
		KIMONE MILLER			
			Name of Person		
		PREMIUM ENTERPRISE	E GROUP LLC		
			Firm/Company	·	
		2598 E. SUNRISE BLVD	SUNRISE BLVD SUITE 2104		
			Address		
		FORT LAUDERDALE, F	L 33304		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
		E-mail address: (to be used for future annua	l report notification)
For furt	her information cor	ncerning this matter, please ca	all:		
KIMON	NE MILLER			63-7345	
	Name of I	Person	at () Area Code	Daytime Telepl	none Number
Enclose	d is a check for the	following amount:			
■ \$25	i.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:		Street A	address:	

Registration 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 ARTICLES OF ORGANIZATION OF

PREMIUM ENTERPRISE GROUP 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 I		GL 1 08/	2/2020	1 21
_	Liability Company we	ere filed on		and assigned
Florida document number L20000245152	·			
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liabilit	y company her	<u>•</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Liability	Company," the de-	signation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
	-			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A 	<u> </u>	<u> </u>
				<u> </u>
			ž.	(
	•		-4	d)
B. If amending the registered agent and/or	registered office add	iress on our re	cords, <u>enter the name</u>	dethe new register
agent and/or the new registered office addr	ess here:			••
				 ပ
Name of New Registered Agent: KIMONE MII		R		
New Registered Office Address:	2598 E. SUNRISE	E BLVD SUITE :	2104	
		Enter Florid	da street address	
	FORT LAUDERE	DALE	, Florida _ ³³³⁰	4
		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

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	DENMARK JACOBS	1324 THE POINTE DR	\equiv Add
		WEST PALM BEACH, FL 33409	Remove
			☐ Change
			□Add
			□Remove
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			□Change

						
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Effective date, if other If an effective date is listed, the Note: If the date inserted document's effective date	in this block does	not meet the appl	icable statutory fil	more than 90 days at ling requirements.	otional) fter filing.) Pursuant to this date will not be	505.0207 (isted as t
e record specifies a delayerd is filed.	d effective date, bu	ut not an effective	time, at 12:01 a.n	n, on the earlier of:	(b) The 90th day a	fter the
OCTOBER 6TH		2020	·			
Dated						
Dated	<u> </u>	no []				
Dated		Holes c of a member or aut	h			

Filing Fee: \$25.00