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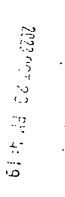
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:		PKOUP HO)ME
The enclosed Articles of A	amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	KEMHIE	DORT Name of Person	
		GROUP HOM	ı <u>ĉ</u>
	1122 E	SSEX DR Address	
	WELLINGTO	ON, FL 334 City/State and Zip Code	<i>i</i> 4
	IKDORTE HOTMA E-mail address: (1	1L - COM / MCK Po be used for future annual repo	NSNDE ACI. Cam
For further information co	ncerning this matter, please ca	ill:	
KEMLIE Name of	DORT	at (<u>56 1</u>) <u>56</u> Area Code I	8 - 500 8 Daytime Telephone Number
Enclosed is a check for the	e following amount:		,
□ \$25.00 Filing Fee	S30.00 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

). If amen	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effect Note: If	re date, if other than the date of filing: <u>09-07-2023</u> (optional) stive 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 605.0207 (3) of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the not's effective date on the Department of State's records.
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 after the d.
Dated _	09-07-2023, Londie Jort
	Signature of a member or authorized representative of a member Complete

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIER G	ROUP HOME	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability (Florida document number $L 20002509$		07-2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim $P_{R} \in m I \in R \qquad (500.1)$		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	2023
		<u> </u>
		→ ·> ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		C.E.
mating mates may be a tost of the boar		
		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records,	enter the name of the new registered
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

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
_ 			□Add
			Remove
		,	Change
			□Add
			Remove
			Change
			□Remove
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		<u> </u>	□Remove
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