h20 000 259294

Office Use Only



200372677862



COVER LETTER

TO:	Registration So Division of Con						
erna r	BCT:	MARTIN PROI	PERTY MANAG	EMENT	SFLLLC		
3013	BC1	Name of	Limited Liability (Сотралу			
The e	nclosed Articles of	Amendment and fee(s) are	submitted for fil	ing.			
Please	e return all correspo	ondence concerning this m	atter to the follow	ring:			
			NICHOLAS C. MARTIN				
	Name of Person						
MARTIN PROPERTY MANAGEMENT SFL LLC				ENT SFL LLC			
			Finn/Company				
	DEI			817 SE 14TH ST Address			
				BEACH	, FL 33441		
	City/State and Zip Code				ode		
		NMARTIN@MARTINPROPERTYMANAGEMENTSFL.COM					
		E-mail edds	ess: (to be used for	future an	nual report notification)		
For fi	uther information	concerning this matter, ple	ase call:				
	NICHOLAS	C. MARTIN	9 at ()54	789-9458		
	Name	of Person		rea Code	Daytime Telephone Number		

TO:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	•	IAGEMENT SFL LLC			
(Name of the Limit	ed Mahility Campa (A Florida Limited I	ny as it now appears on our record ishiny Company)	<u></u>		
The Articles of Organization for this Limited Li	ability Company	were filed on	1	and ass	igned
Florida document number 120000259294					
This amendment is submitted to amend the follo	rwing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
PREMIER CONSTRUCTION OF					
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation "LLC	CD:		LC."
Enter new principal offices address, if applic	able:	SAME - NO CHANGE	ĦΩ AΩ	021	
Principal office address MUST BE A STREE	T ADDRESS)		- iTi	[편]	3 <u>4</u>
				-7	12689
				7	. <u> </u>
Enter new mailing address, if applicable:		SAME - NO-CHANGE	<u>Ma</u>		المنطقة الوسيط (
Mailing address MAY BE A POST OFFICE		F- 44	င္း လ		
	<u> </u>				
3. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:			the name of	the nev	v regist
	SAME - NO CHANGE Enser Florida strees address Florida				
New Registered Office Address:				 =	
		City		ip Coda	

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.

SAME - NO 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

Title	Name	Address	Type of Action
		SAME - NO CHANGE	□Add
	•		□Remove
			Change
	·		□ Add
			CRemove
			Change
	*************************************	—————————————————————————————————————	Cladd 021
		TALL ARCSS	ERemove
			Change C
			□Remove
			Change
			□Add
			□Remove
			Cl Change
			DAdd
			CIRemove
			[]Characa

D. If amending any other information, enter change(s) here: (Attack NO OTHER APPLICABLE CHANGES	ch additional sheets, if necessary.)	
		-
		-
		_
		_
		_
	-	-
	2021 SEC T/	
	, LR SEP	
	17 1870 1870	ੋਂ
	*38	
		
		_
		_
D. Difference date if all and all all all and all and all all all all all all all all all al	4 4 N	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable state 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 record is filed.	2:01 a.m. on the earlier of: (b) The 90th day af	ier the
Dated August 8, 2021	2) <u>(</u>	
Signature of a member or authorized rep	resentative of a member	
NICHOLAS C. MAI	RTTN	

Typed or printed name of signee