

L20 000326107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

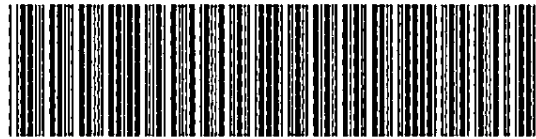
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O: Registration Section
Division of Corporations

SUBJECT: Premier Hair Restoration smp LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID EDME

Name of Person

Premier Hair Restoration smp LLC

Firm/Company

1380 NE miami Gardens Dr #271

Address

north miami Beach, FL 33179

City/State and Zip Code

Premiersmp305@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID Edme

Name of Person

at (305) 744-2598

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Premier Hair Restoration smp LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 10/14/2020 and assigned
document number L20000326107.

amendment is submitted to amend the following:

amending name, enter the new name of the limited liability company here:

Premier SMP LLC

Every name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

new principal offices address, if applicable:

principal office address MUST BE A STREET ADDRESS

1380 NE Miami Gardens Dr #271
North Miami Bch, FL 33179

new mailing address, if applicable:

address MAY BE A POST OFFICE BOX

Same as Above

ending the registered agent and/or registered office address on our records, enter the name of the new registered
for the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

*I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
all statutes relative to the proper and complete performance of my duties, and I am familiar with and
obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is
merely reflect a change in the registered office address, I hereby confirm that the limited liability
has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

MBR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	DAVID Edme	1380 NE Miami Gardens Dr #271	<input checked="" type="checkbox"/> Add
		north miami BCH, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
BR	OLuwashayo AJayi	1380 NE miami Gardens Dr 271	<input type="checkbox"/> Add
		n. miami BCH, FL 33179	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)


This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Effective date, if other than the date of filing: _____ (optional)

(If an 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 605.0207 (3)(b), if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the contract's effective date on the Department of State's records.

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

January 28th, 2021


of a member or authorized

Signature of a member or authorized representative of a member

DAVID EDME

Typed or printed name of signee