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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
empirer Pernis	ec Theory LLC	,	
SUBJECT: V V V	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	J061	Y Escotano Name of Person	
		Name of Person	
	Premier	Threacs LL C Firm/Company	
	1920 Wook Tr	Address	
		Address	
	Tarpon Spring	SIFL 34689 City/State and Zip Code	
		threatshop @gmil.	
For further information c	oncerning this matter, please c	all:	
Joey 69	ocolana	at (727) 505	-8 2 71
Name o	f Person	at (727) 505 Area Code Dayti	me Telephone Number
Enclosed is a check for th	he following amount:		
LX\$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:	
Registration S Division of C		Registration S Division of Co	
P.O. Box 632	-	The Centre of	•
Tallabaccan I	FL 32344		on Strant Suita 210

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ted Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited L.	iability Company were filed on	and assigned
Florida document number		, and the second
This amendment is submitted to amend the folk	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the design	ation "I I C" or the abbreviation "I I C"
Enter new principal offices address, if application	a blo	
Principal office address MUST BE A STREE	THE ADD DOOR	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE I	D 0.10	
 If amending the registered agent and/or regent and/or the new registered office addres 	egistered office address on our record	ls, <u>enter the name of the new regi</u> s
generality the new registered office addres	s nere:	
Name of New Registered Agent:	Joby Escolana)
New Registered Office Address:		vect address
		Florida 34689
	Civ	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other an effective date is listed. Note: If the date inserted ocument's effective date.	the date must be speed in this block d	occitic and cannot be oes not meet the a	ipplicable statuto	ing or more than 90 c	_ (optional) ays after filing.) Pur ents, this date will	suant to 605,0207 not be listed as
record specifies a delaged is filed.	zed effective date	, but not an effect	ive time, at 12:0	La.m. on the earli	er of: (b) The 90	th day after the
ated October	V) calund	. <u>26</u> ta	<u>^</u> .			
	Signii	ture of a member or	authorized repres	entative of a member		
U						