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(Requestor's Name) (Address) (Address)	600409031676
(City/State/Zip/Phone #)	05/19/2301011015 ★★25.00
(Business Entity Name) (Document Number)	2023 HAY
Certificates of Status	
Office Use Only	

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US

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: PRE MIERE 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:



For further information concerning this matter, please call:

TONARD at í Name of Persor

Enclosed is a check for the 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)

<u>Mailing Address:</u> 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

PREMIERE AGE MA (Name of the Limited Liabil) (A Florid	HAGEMENT CENTER ity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability F	Company were filed on $\frac{02}{272023}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lin</u> PREMIER, AGE MANA The new name must be distinguishable and contain the words "Lin	
Enter new principal offices address, if applicable:	······
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	
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 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	<u>Type of Action</u>
<u>ÁMBR</u>	LEONARD DIMEDIO	1701 ERIN BROOKE DAVE	_ XAdd
		VALRICO, FL 33594	_ 🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 1 ഗ PH 1 9 1 $\overline{\mathbf{N}}$ E. Effective date, if other than the date of filing: 03 15 2023 _____ (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

, 2023 malle 05 Dated_ Signature of a member or authorized representative of a member ADINA_ SMARANDACHE Typed or printed name of signee