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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Harrie)
(Daniel March and
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corpor		•	
SUBJECT: Prem	ion Land F	=1 110.	
SUBJECT: <u>4 1 4 C 14 1</u>	Name of Lin	nited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Eric	Name of Person	
		Name of Person	
	Pren	rier Land Firm/Company	
	200 N.	Harbor Pl. Ste (<u> </u>
	David	Son, NC 28036 City/State and Zip Code	
	- ` ^	City/State and Zip Code	
-	E-mail address: (Premierland. Com lo be used for future annual report notif	ication)
For further information conc			
Erin Bron	MΛ	at (704) <u>897 - 1</u> Area Code Daytime	6850 °
Name of Pe	rson	Area Code Daytime	Telephone Number
			=
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$555.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	tion	Street Address:	tion
Registration Sec Division of Corp		Registration Sec Division of Corp	
P.O. Box 6327		The Centre of T	allahassee
Tallahassee, FL	32314	2415 N. Monroe	: Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

themier Land	FL LLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears or da Limited Liability Company)	1 our records.)
The Articles of Organization for this Limited Liability	Company were filed on	22/24 and assigned
Porida document number <u>L24000042122</u>		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	ORESS)	
	* 	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		3
		T.
		•
B. If amending the registered agent and/or register	red office address on our reco	rds, enter the name of the new regis
gent and/or the new registered office address here	:	
		•
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
New Registered Office Address.	Enter Florida	street address
		. Florida
	City	Florida 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
MGR_	Logan Shortridge	200 N. Harbar Pl Ste G	Davidson, NC XIANN 28036
			□Remove
			Change
			□Add
			□ Remove
			Change
			□Remove
			□Change
			 □ Add
			□ Remove
			□Remove
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Effective date, i	if other than th	e date of fil	ling:			(optional)		<u>:</u>
Note: If the date	is listed, the date mu inserted in this b ctive date on the I	olock does no	ot meet the app	licable statutor	y filing require	ments, this date	will not be list	ed as:
c record specifies rd is filed.	a delayed effecti	ve date, but i	not an effective	e time, at 12:01	a.m. on the ea	rlier of: (b) Th	e 90th day afte	r the
Dated Fe	bruary	6	_, 2024	······································				
		Signature of	f a member or a	thorized represe	ntative of a mem	har	.	
		organical cor	i di member or ac		mative or a mem	DC1		