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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 : (888)462-3453 Fax Number : (877)919-2613

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

EFILE 1 234@INCFILE.COM Email Address:\_\_\_\_

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MG PREMIER HOLDINGS LLC

Certificate of Status	0
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M. SOLOMON

MÁR 2 9 2024

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Corporate Filing Menu

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2

## COVER LETTER

TO: Registration So Division of Cor		•			
	IER HOLDINGS LLC				
SUBJECT:	Name of Lim	ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LOVETTE DOBSON				
		Name of Person			
		Firm/Company			
	17350 STATE HWY 249 5	STIE 220			
		Address		2024 Miss	
	HOUSTON, TX 77064			17 17 17	11
	EFILE1234@INCFILE.CO	City/State and Zip Code M		62	i n
		to be used for future annual report notific	ation)		
For further information c	oncerning this matter, please ca	ıll;	.,	1:24	
LOVETTE DOBSON		at ()		_	
Name o	of Person	Area Code Daytime	Felephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(1) \$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 Addres</u> Registration		Street Address: Registration Sect	ion		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

3/29/2024 05:59;11 CDT

		Page: 4/5
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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>	Name .	<u>Address</u>	Type of Action		
AMBR	Marcos Vazquez	30590 Censar Park Dr	≣Add		
		Wesley Chapel, FL 33543	□Remove		
			□Change		
			🗀 Add		
			□Remove		
			Change 20		
			□Change 2024 H.L.R □Add 29		
		<del></del>	: ∵ ——— ∏Chánge <mark>'</mark>		
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tote: If the date inserted in this bloomment's effective date on the De	ek does not	meet the app	dicable stati	itory filing re	quirements, th	nis date will i	not be list	ied as t	ne
record specifies a delayed effective Lis filed	date, but no	ot an effectiv	e time, at 12	:01 a.m. on t	he earlier of: (	(b) The 90th	h day afte	r the	
ated March 28	<del></del>	2024	<del></del> ,						
		·	6	12. 16					

Filing Fee: \$25.00

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