# L24000294621

<del></del>	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
<del></del>	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	SEP - 4 2024

Office Use Only



400435753454

2024 SEP -3 AH 10: 03

1024 SEP -3 MH 3: 0

**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PREMIER COM	IMUNITY MANA	AGEMENT,			
LLC	· ·				
Please Debit FCA	0000000003 For: 25				
Thank you Seth N	Necley	_			
Signature Self P	Neerey		Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstate  Cert. Copy  Photo Copy  Certificate of Good Stand  Certificate of Status  Certificate of Fictitious N  Corp Record Search  Officer Search  Fictitious Owner Search	ement	
			Vehicle Search		
Requested by:			Driving Record UCC 1 or 3 File		
· · · · · · · · · · · · · · · · · · ·			UCC 11 Search		
Name	Date	Time	UCC 11 Retrieval		
Walk-In	Will Pick Up		Courier	_	

# **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	orporations			
	Community Management, LLC			
Name of Limited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Richard E. Straughn			
		Name of Person		
	Straughn & Turner, P.A>			
		Firm/Company		
	255 Magnolia Avenue SW	,		
	<u> </u>	Address		
	Winter Haven, FL 33880			
	RStraughn@straughnturner	City/State and Zip Code		
		to be used for future annual report noti	fication)	
For further information (	concerning this matter, please c	all:		
Sheila Rounds		863 324-3698		
Name of Person		at () Area Code Daytime Telephone Number		
Enclosed is a check for t	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 Addre		Street Address:		
Registration Section		Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Premier Community Management, LLC

2024 SEP -3 AM 10: 09

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/02/2024 and assigned Florida document number \_\_\_\_\_L24000294621 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 375 Avenue A, SW Enter new principal offices address, if applicable: Winter Haven, FL 33880 (Principal office address MUST BE A STREET ADDRESS) 375 Avenue A, SW Enter new mailing address, if applicable: Winter Haven, FL 33880 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

### 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	Albert S. Cassidy	375 Avenue A, SW	
		Winter Haven, FL 33880	□Remove
			■Change
MGR	Lauren O. Schwenk	375 Avenue A, SW	
		Winter Haven, FL 33880	□Remove
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
Note: 1	ctive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to nt's effective date on the Department of State's records.
ord is file	
	9/3/24
Dated _	
Dated _	Richard Straughn
Dated _	Richard E Straughn  Richard E Straughn

Filing Fee: \$25.00

## **COVER LETTER**

	Registration S Division of Co			
SUBJEC		Community Management, LLC		
SONORC	· · ·	Name of Lin	nited Liability Company	
The enclo	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Richard E. Straughn		
			Name of Person	<u>.</u>
		Straughn & Turner, P.A>		
			Firm/Company	
		255 Magnolia Avenue SW	,	
			Address	
		Winter Haven, FL 33880		
			City/State and Zip Code	
		RStraughn@straughnturner	r.com to be used for future annual re	
For furthe	er information (	concerning this matter, please c		port normeanony
Sheila Ro	ounds			369\$
	Name (	of Person	at () Area Code	Daytime Telephone Number
Enclosed	is a check for t	he following amount:		
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Add	
		Section Corporations	_	ion Section of Corporations
P.O. Box 6327			re of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314