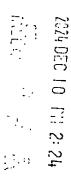


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COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

PREMIER HOUSING LLC SUBJECT: 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: INGRID KELMENDI Name of Person Firm/Company 250 CARILLON PARKWAY #409 Address ST PETERSBURG, FL 33716 City/State and Zip Code INGRID.KELMENDI@IEKESTAYS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ingrid Kelmendi Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premier Housing LLC		
(Name of the Limited Liability Comp (A Florida Limited	uny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on November 5, 2024	and assigned
Florida document number 1.24000468224		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
Ieke Stays Consulting LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	250 CARILLON PARKWAY #409	
	ST PETERSBURG, FL 33716	
Enter new mailing address, if applicable:	250 CARILLON PARKWAY #409	
(Mailing address MAY BE A POST OFFICE BOX)	ST PETERSBURG, FL 33716	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office agent and/or the new registered office agent and/or the new registered of the second of the sec	address on our records, enter the na	me 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	
	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 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	INGRID KELMENDI	250 CARILLON PARKWAY #409	□Add
		ST PETERSBURG, FL 33716	□Remove
			■ Change
			□Add
			□Remove
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Note: If the d	ate inserted in thi	the date of filing must be specific as is block does not be Department of	meet the applic	able statutory fil:	more than 90 days ing requirements	optional) after filing.) Pursuant , this date will not b	to 605.0207 (oe listed as tl
	ies a delayed effe	etive date, but no	ot an effective ti	me, at 12:01 a.m	, on the earlier o	f: (b) The 90th day	v after the
he record specif ord is filed.			2024				
ord is filed.	ABER 4		2024	<u> </u>			
ord is filed. DECE	JBER 4	<u> </u>	- · <u>2024</u> - · <u>/</u> /				
ord is filed. DECEM	MBER 4	Signature of a	nunks	orized representativ	e of a member		_

Filing Fee: \$25.00