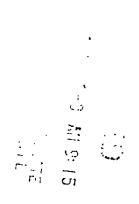
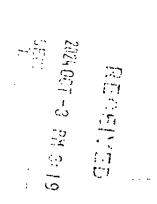
## PO300124312

(Requestor's Name)	-
:. (Address)	-
(Address)	-
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	-
` 	
Certified Copies Certificates of Status	_
<del></del>	
Special Instructions to Filing Officer.	7
- Special institutions to rining Officer.	
· · · · ·	
	l
-	
	۱
	J
Office Use Only	
! -	
Cond	



200436631682





14C3/24

## CAPITAL CONNECTION, INC.

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

174 Render's Printing - Thamswife GA 8/00

PREMIERE PLUS REALTY CO.	
Please Debit FCA000000003 For: 35	
Thank you Seth Neeley	
Str.	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 / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

•

NAME OF CORPO	DRATION: PREMIERE PLUS	REALTY CO.	
	1BER: P03000124312		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	ERIC GALLUS		
		Name of Contact Perso	n
		Firm/ Company	
	9015 STRADA STELL CT.	#104	
	<del>-</del>	Address	
	NAPLES		
		City/ State and Zip Cod	le
ppradmin@pprmail.com			
E-mail address: (to be us		sed for future annual report	t notification)
For further informat	ion concerning this matter, plea	se call:	
ERIC GALLUS		at ( <sup>239</sup>	
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made		payable to the Florida Dep	artment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations		Ameno Divisio	Address dment Section on of Corporations
	D. Box 6327 Hahassee - FL 32314	The Centre of Tallahassee	

Tallahassee, Fl. 32303

## Articles of Amendment to Articles of Incorporation of

PREMIERE PLUS REALTY CO.

(Name of Corporation as currently filed with the Florida Dept. of State)  (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amend its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  The name must be distinguishable and contain the word "corporation." "company." or "incorporated" or the abbreviation "Corp." "lnc.," or "Co.". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  The above Registered agent and/or the new registered office address:  Name of New Registered Agent  (City)  (City)  New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	(Name of Corneration	n as currently file	d with the Florida	Dent. of State)	_
The name must be distinguishable and contain the word "corporation" or "Incorporation name must be distinguishable and contain the word "corporation" or "Incorporation name must contain the word "corporation" or "Co." or the designation "Corp." "Inc." or "Co." A professional corporation name must contain the word "corporation" or "P.A."  8. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS )  Enter new mailing address MAY BE A POST OFFICE BOX)  Finewregistered agent and/or the new registered office address in Florida, enter the name of the law of New Registered Agent  (Florida street address)  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)	· · · · · · · · · · · · · · · · · · ·	il as current, the		,	
**Articles of Incorporation:  **If amending name, enter the new name of the corporation:**  The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp. Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the work chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered address:  Name of New Registered Agent  (City)  (City)  (Zip Code)	(Docume	ent Number of Cor	poration (if known)	. <u>.</u>	· · · · · · · · · · · · · · · · · · ·
The must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp. lnc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the we chartered." "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.)  Enter new mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the "Colonew registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)		Statutes, this <i>Flori</i>	da Profit Corporatio	on adopts the fol	lowing amendmen
ime must be distinguishable and contain the word "corporation." "company." or "incorporated" or the abbreviation "Corp.  Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the work chartered." "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS.)  Enter new mailing address MUST BE A STREET ADDRESS.)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)	. If amending name, enter the new name of the cor	rporation:			
ime must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.  "or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the wo hartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:  rincipal office address MUST BE A STREET ADDRESS.)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)					The new
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  The Control of the Post of the Name of the Post of the Name of the Post of the Name of New Registered Agent  New Registered Agent  (City)  (Zip Code)  (City)  (Zip Code)	Inc.," or Co.," or the designation "Corp." "Inc,"	or "Co". A pro	any," or "incorpora fessional corporation	ted" or the abbro on name must c	eviation "Corp.,"
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:    Name of New Registered Agent			·		
Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)  ew Registered Agent's Signature, if changing Registered Agent:		_			· ,
Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)  ew Registered Agent's Signature, if changing Registered Agent:			<u></u>	<u> </u>	
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:    Name of New Registered Agent   (Florida street address)		<u>v</u> _			<u> </u>
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:    Name of New Registered Agent   (Florida street address)					JT 774
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:    Name of New Registered Agent					ري زي
(Florida street address)  New Registered Office Address:, Florida	. If amending the registered agent and/or registered new registered agent and/or the new registered o	ed office address i office address:	n Florida, enter the	name of the	O1
(Florida street address)  New Registered Office Address:, Florida	Name of New Registered Agent				
New Registered Office Address:, Florida		·			
(City) (Zip Code)		(Florida street ad	(dress)		
ew Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address:			, Florida	<del></del>
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		(City	J		(Zip Code)
	New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent:		ations of the pos.	•
Signature of New Registered Agent, if changing	Signa	ture of New Regist	ered Agent, if chang	 ing	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X.Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	MGR	LOY, JESSICA	9015 STRADA STELL COURT
Add			#104
X Remove			NAPLES, FL 34109
2) Change			
Add			
Remove 3) Change			
Add			
Remove			25
4) Change			
Add			हाँ ज
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

L. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
	FT		
		-	<u> </u>
	•		
		CO	
. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		<u> </u>	
provisions for implementing the amendment if not contained in the amendment itself:		<del>-</del>	••
(if not applicable, indicate N/A)	r.,	दा	
		<del></del> -	

The date of each amendment(s) adde this document was signed.	doption: 10.01.2024	, if other than th
•	01.2024	
Effective date if applicable:	(no more than 90 days after amendn	nent file date)
Note: If the date inserted in this document's effective date on the E	plock does not meet the applicable statutory filing epartment of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors w	ithout shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes caufficient for approval.	ast for the amendment(s)
	proved by the shareholders through voting groups. r each voting group entitled to vote separately on to	
"The number of votes cas	for the amendment(s) was/were sufficient for appr	roval
by Eric Gallus		
	(voting group)	.,
Dated_10.01.24		
Signature (	Tic Gallus	·
(By a c	lirector president or other officer – if directors or ced, by an incorporator – if in the hands of a receiver	
	ited fiduciary by that fiduciary)	- Control Court
	Eric Gallus	ं हो ज
	(Typed or printed name of person sign	ing)
	Owner	
	(Title of person signing)	