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(F	Requestor's Name)	
<u> </u>	Address)	
(A	Address)	
. (C	City/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Premlo, Inc.		
DOCUMENT NUMB	ER: P17000023417		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	Kristopher Smith		
•		Name of Contact Person	n
	Premlo, Inc.		
•		Firm/ Company	
	2817 E Oakland Park Blvd. S	Ste.101	
•		Address	
	Fort Lauderdale, FL 33306		
•		City/ State and Zip Cod	e
manag	er@premlo.com		
		sed for future annual report	notification)
		·	
For further information	concerning this matter, plea-	se call:	
Kristopher Smith		at (866-9681
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a cheek for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
· · · · · · · · · · · · · · · · · · ·	ing Address		Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
	P.O. Box 6327 Clifton Building		•
	Tallahassee, FL 32314 2661 Executive Center Circle		_

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Premlo, Inc.	
(Name of Corporation as	currently filed with the Florida Dept. of State)
1917000023417	
(Document N	Sumber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:
N/A	The new
	orporation," "company," or "incorporated" or the abbreviation ic," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS	<u>S</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered off	fice address in Florida, enter the name of the
new registered agent and/or the new registered office	address:
Name of New Registered Agent Thomas Pires	
	\$*
(F	Florida street address)
New Registered Office Address: 2817 E Oakland Park Blvd. Ste. 101 Fort Lauderdale Florida 33306	
	(City) (Zip Code)
N. B. C. Land Co. C.	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	
	2
(lon)	
Signature of Signa	of New Registered Agent, if changing

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)

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Kristopher Smith	340 SW 14th Ave.
XAdd			Fort Lauderdale, FL 33312
Remove			-
2) Change	D	Thomas Pires	3020 NE 32nd Ave.
Add			Fort Lauderdale, FL 33308
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific) N/A	
	· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchange, reclassifica provisions for implementing the amendment if not con	ation, or cancellation of issued shares,
(if not applicable, indicate N/A)	named in the amendment usen.
N/A	

. . .

	10/25/17
The date of each amendment(s) adoption: date this document was signed.	, if other than the
10/25/17	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Departmen	is not meet the applicable statutory filing requirements, this date will not be fisted as the tof State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by by the shareholders was/were sufficient t	the shareholders. The number of votes east for the amendment(s) or approval.
	the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):
"The number of votes east for the a	mendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder
10/25/17	
Dated	
——————————————————————————————————————	Min to the state of the state o
	oresident or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court
	iary by that fiduciary)
Thomas	Pires
	(Typed or printed name of person signing)
Director	
	(Title of person signing)