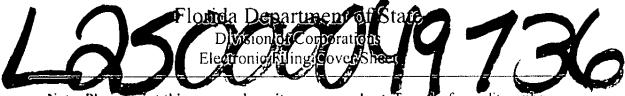
2/20/25, 7:09 AM

Division of Corporations



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Division of Corporations

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From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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COVER LETTER

TO: Registration So Division of Cor			
Premier Bl SUBJECT:	ock Solutions LLC		•
SUBJECT,	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Erik Treutlein		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	9900 Spectrum Dr		
		Address	
	Austin, TX 78717		
		City/State and Zip Code	
	premierblocksolutions@gm		
For further information c	e-mail address: (t concerning this matter, please ca	to be used for future annual report notifull:	ication)
Erik Treutlein		800 773-0888	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To: ,

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premier Block Solutions LLC			
(Name of the Limited Liabilit (A Florida	y Company as it now appears on or Limited Liability Company)	ir records.)	_
The Articles of Organization for this Limited Liability Co Florida document number L25000049736	ompany were filed on	925 <u> </u>	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designat	ion "LLC" or the abbrevial	ion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable:		÷.	1-3 1-1 1-1
			
(Mailing address MAY BE A POST OFFICE BOX)			3
	•		
B. If amending the registered agent and/or regist	tered office address on our	records, enter the r	iame of the nev
registered agent and/or the new registered office addr	ress here:		Cu
Name of New Registered Agent:	A. S.		
New Registered Office Address:			
	Enter Florida stre	et address	
		, Florida	
	City	Zip	Code
New Registered Agent's Signature, if changing Registered	l Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my di gent as provided for in Chapte	ities, and I am famili or 605, F.S. Or, if this	ar with and a document is
	/S/		

If Changing Registered Agent, Signature of New Registered Agent

10. , , Page: 5 of 6	0.	. •	, , F	Page: 5 of 6	2025-02-20 07:14:00 PST	LegalZoom.com, Inc.	From: Avinash sols
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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>	<u>Name</u>	Address	Type of Action
MGR	Matthew MacDonald		
			☐ Remove
		338 University Ave, Buffalo, NY 14223.	☐ Change
			☐ Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change
			☐ Remove
			☐ Change

D If amer	Paga: 6 of 6 ading any other inform	2025-02-20 07:14:00 PST nation, enter change(s) here: (Attac	LegalZcom.com, Inc	
D. II amer	iung any other miorin	ation, enter change(s) here. (2000)	en additional sneets, if necessary.	
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			- Laboratoria	
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E Essantia		a data of Clima	(antianal)	
(If an effective	etive date is listed, the date mu	ast be specific and cannot be prior to date of	(optional) (illing or more than 90 days after filing.) Pursuant	to 605.0207 (3)(b)
Note: 1	f the date inserted in this b	block does not meet the applicable statu Department of State's records.	story filing requirements, this date will not b	e listed as the
docume	it sellective date on the i.	Department of State's (ecolus.		
*6.11	100			l'£.
	ord specifies a delaye 90th day after the rec		ective time, at 12:01 a.m. on the e	earner or:
()	•			
Dated		 ,		
Dated _				
Dated _	/S/ Matthew Ma	acDonald Signature of a member or authorized repr		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00