

LD7000045357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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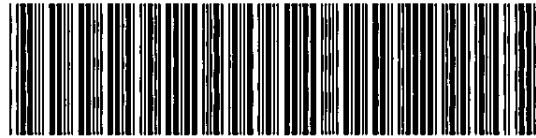
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Premium Home Health Care, LLC.
(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:

Liudys Cruz

(Name of Person)

~~Alfred~~ / Premium Home Health Care, LLC.
(Firm/Company)

431 E 30th St Apt 202
(Address)

Hialeah / Florida 33013.
(City/State and Zip Code)

For further information concerning this matter, please call:

Isnel Velazquez

(Name of Person)

at (954) 600 9112

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
07 JUN 13 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Premium Home Health Care, LLC.


(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 04/30/2007 and assigned document number LO7000045357.

SECOND: This amendment is submitted to amend the following:

We need include to: Liudys Cruz with address
431 E 30th St apt 202, Hialeah FL 33013
as Manager of Premium Home Health Care, LLC,
because when we tried to open a bank account
they told us that they need also a managers
name, when we filled the Articles of Organization
we don't know that. So we need add the mentioned
person (Liudys Cruz - as appear as Registered Agent)
as manager. Thanks.

Dated June, 09, 2007.



Signature of a member or authorized representative of a member

Liudys Cruz.

Typed or printed name of signee

Filing Fee: \$25.00