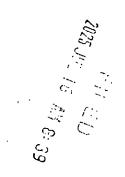


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July 16, 2025

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: PREMIUM CONSULTING AND TAX SERVICES LLC

Ref. Number: L16000107367

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Jasmine N Horne Regulatory Specialist III



Letter Number: 625A00015441

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account <u>I20210000160: \$30.00</u> Authorization Signature Qualily Premium Consulting and Tax Services LLC L16000107367 **Business Name** Document # Certified Copy of Articles of Incorporation X Certificate of Status **NEW FILINGS** <u>AMENDMENTS</u> ___Amendment _ Profit _____Resignation of R.A. Not for Profit ____ Change of Registered Agent X LLC Revocation of Dissolution Domestication _ __ Conversion INC ____ Statement of Authority CORP Merger LP REVOCATION OF DISSOLUTION REGISTRATION/QUALIFICATIONS OTHER FILINGS TRANSMITTAL LETTER Foreign Filing Partnership Reinstatement Fictitious Name Statement of CORRECTION Statement of Authority Domestication of a Foreign Corp. APOSTIL Other **COUNTRY**

EXAMINER'S INITIALS:

COVER LETTER

	Registration Se Division of Cor		• , ,			
		CONSULTING AND TAX S	ERVICES LLC			
SUBJEC	T:	Name of Limited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	um all correspo	ndence concerning this matter	to the following:			
		ADRIANA LOPES BARI	ROS MUNHOLI			
			Name of Person			
		PREMIUM CONSULTIN	G AND TAX SERVICES			
			Firm/Company			
		8803 FUTURES DRIVE	SUITE 2			
			Address			
		ORLANDO, FLORIDA, 3	32819			
			City/State and Zip Code			
		ADRIANA@PREMIUMT				
			to be used for future annual report not	dification)		
For furthe	r information c	oncerning this matter, please o	all:			
ADRIAN	IA LOPES BAI	RROS MUNHOLI	321 236-0200 at ()			
	Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed	is a check for th	ne following amount:				
□ \$2 5.0	0 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			Street Address: Registration So	ection		
	Division of C		Division of Co	rporations		
-	P.O. Box 632 Fallahassee, l		The Centre of	Tallahassee oe Street, Suite 810		
	i alialiassee, i	(L) J4J17	7-12 14 MOIN			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2625 JL 15 AH 8: 20

PREMIUM CONSULTING AND	TAX SERVICES L	LC ny as it now annears o Jability Company)	gur records.)
he Articles of Organization for this Limited 1	Liability Company	were filed on SIA1	and assigned
forida document number L16000107367.	•		
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liab	ility company here	:
RIMELY TAX LLC			
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the design	mation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE			
Company of the Compan			
inter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICI	r ROY		
MAILING AUGUS INAX BE A I USI OF A V.	<u> </u>		
. If amending the registered agent and/or	registered office a	eddress on our reco	rds, enter the name of the new regist
gent and/or the new registered office addr			
Name of New Registered Agent:	De.Oliveri	a Murholi.	Breno Henrique
New Registered Office Address:	8803 fu	tures drive	Breno Henrique Suite 2
THE AMBINISM STATES CAME SEE	<u> </u>	Enter Florida	street address
	ORLANDO		, Florida ³²⁸¹⁹

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>	Name	Address	Type of Action
N/A	N/A	N/A	□ Add
		<u> </u>	□Remove
			DAdd
			□ Remove
			☐ Change
			□ Add
			□ Remove
			DAdd
			□Remove
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Charge

PRIMELY TAX LLC.	
	8803 Futures Drive, Suite 2, Orlando, FL 32819.
	
	<u>.</u>
	
	
<u> </u>	
fective date, if other than the n effective date is listed, the date must be: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ck does not meet the applicable statutory filing requirements, this date will not be listed as
ecord specifies a delayed effectiv is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
June 23	2025
and.	
GAME	Signature of a member or authorized representative of a member

Filing Fee: \$25.00