L18000037521

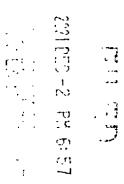
(Requestor's Name)
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COVER LETTER

	Registration Se Division of Cor		-	•	
CUB IE CI		INTEGRATED SERVICE LI	LC .	•	
SUBJECT	l:	Name of Lim	ited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	urn all correspo	endence concerning this matter	to the following:		
		LEENA REID			
			Name of Person		
		PREMIUM INTEGRATE	D SERVICE LLC		
			Firm/Company		
		6681 NW 22nd Street			
			Address		
		Sunrise, FL 33313			
			City/State and Zip Code		
		leena_ishmael@yahoo.com	to be used for future annual report r	!r	
For furthe	r information c	oncerning this matter, please c	•	offication)	
Leena Rei		oncerning and matter, piease e	954 817-5698 at ()		
	Name o	f Person		time Telephone Number	3 5 3
Enclosed i	is a check for th	ne following amount:			, , .
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
F L	Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration S Division of C The Centre o	Section Corporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIUM INTEGRATE	ED SERVICE LLC				
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appear Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Company	were filed on	02/12/2018	аг	nd assign	ned
Florida document number L18000037521					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the do	esignation "LLC" or the	abbreviati	on "L.L.C	2.11
Enter new principal offices address, if applicable:	6681 NW 22nd 5	Street			
Principal office address MUST BE A STREET ADDRESS)	Sunrise				
	FL 33313				
Enter new mailing address, if applicable:	6681 NW 22nd 5	Street			
Mailing address MAY BE A POST OFFICE BOX)	Sunrise			~.7	_
	FL 33313		: [P	921	
	-			. 1 . 1 . 1	- 1
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the na</u>	me of th	e new r	egiste
			•	: 77 : 4	
Name of New Registered Agent:			<u> </u>	(1)	رر
New Registered Office Address:			, - ,	7	
	Enter Flori	da street address			
		. Florida			
	City	,	Zip (Code	

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
MGR	REID, IVOR	125 SW 5th COURT	
		Dania Beach. FL 33004	≣Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change ☐ Add:
			□Addb
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40			□Add □Remove
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			□Remove
			□ Change

. If amending	g any other information, e	nter change(s) here: (Attach additional sh	neets, if necessary.)
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			202 7
			高
			1 46
			ನಃ <u> ನ್</u> ಚೆ ಕ್ಕ
(If an effective d Note: If the	te, if other than the date of late is listed, the date must be spe date inserted in this block do offective date on the Departm	eific and cannot be prior to date of filing or more than es not meet the applicable statutory filing requi	(optional) 190 days after filing.) Pursuant to 605.0207 (3) rements, this date will not be listed as the
the record speci ord is filed.	ifies a delayed effective date,	but not an effective time, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
Dated	November 10	. 2021	
	Signatu	re of a member of authorized representative of a me	
	Signati	•	.moci
		LEENA REID Typed or printed name of signee	

Filing Fee: \$25.00