

L180000037521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

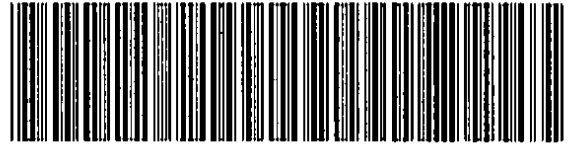
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PREMIUM INTEGRATED SERVICE 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:

LEENA REID

Name of Person

PREMIUM INTEGRATED SERVICE LLC

Firm/Company

6681 NW 22nd Street

Address

Sunrise, FL 33313

City/State and Zip Code

leena_ishmael@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leena Reid

954

817-5698

at (_____) _____

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FILED

PREMIUM INTEGRATED SERVICE LLC

The Articles of Organization for this Limited Liability Company were filed on 02/12/2018 and assigned Florida document number L18000037521

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:

6681 NW 22nd Street

(Principal office address MUST BE A STREET ADDRESS)

Sunrise

FL 33313

Enter new mailing address, if applicable:

6681 NW 22nd Street

(Mailing address MAY BE A POST OFFICE BOX)

Sunrise

FL 33313

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida

Cin.

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	REID, IVOR	125 SW 5th COURT	<input type="checkbox"/> Add
		Dania Beach, FL 33004	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 10, 2021



LEENA REID

Filing Fee: \$25.00