

L2200/10689

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : KAIROS CONSULTING & SERVICES LLC
Account Number : 120250000032
Phone : (321)263-8243
Fax Number : (407)598-6963

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2025 MAY 13 AM 9:57

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2025 MAY 13 PM 2:24

FILE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOME DESIGN INTERIOR DECORATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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MAY 14 2025

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOME DESIGN INTERIOR DECORATION, 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:

ELIANDRO VIANA DE SOUZA

Name of Person

Firm/Company

1231 E PLANT ST. BUILDING 3APT 305

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

publiadvertcorp@gmail.com

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

For further information concerning this matter, please call:

ELIANDRO VIANA DE SOUZA -41 79 605 66 89

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HOME DESIGN INTERIOR DECORATION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/03/2022 and assigned
Florida document number L22000110689.

This amendment is submitted to amend the following:

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

PRIME REMODEL & SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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

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2023 MAY 13 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FL

MGR = Manager
AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE THE COMPANY'S NAME TO: PRIME REMODEL & SERVICES LLC

EVERYTHING ELSE STAYS THE SAME

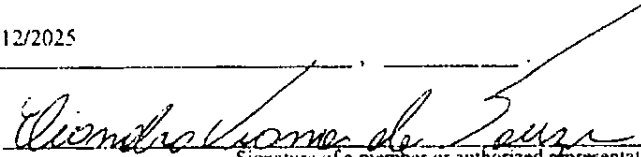
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 05/12/2025


Signature of a member or authorized representative of a member

ELIANDRO VIANA DE SOUZA

Typed or printed name of signer

Filing Fee: \$25.00