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(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

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cup ieer.		IN-HOME SERVICES, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		MIRELYS MIRABAL		
			Name of Person	
		PREMIER IN HOME SEE	RVICES, LLC	
			Firm/Company	
		1000 W. PEMBROKE RC	OAD, SUITE 113	
			Address	
		HALLANDALE BEACH	, FL 33009	
			City/State and Zip Code	
		premierhhal@gmail.com		
		E-mail address: (to be used for future annual report noti	fication)
For further in	rformation c	oncerning this matter, please c	all:	
Mirelys Mira	abal		786 512-4858 at ()	
	Name o	f Person		e Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	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)
Reg	iling Addres gistration S		<u>Street Address:</u> Registration Se Division of Co	
). Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIER IN-HOME SERVICES, 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		
The Articles of Organization for this Entitled Enablity Company	were filed on 05/29/2024	and assigned
Florida document number 1.24000246195		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
PREMIER IN HOME SERVICES, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1000 W. Pembroke Road.	Suite 113
(Principal office address MUST BE A STREET ADDRESS)	Hallandale Beach, FL 33	009
Enter new mailing address, if applicable:	Same	
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registere
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street a	ddress
	Enter Florida street a	
		ddress , Florida Zip Code

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 N	lember

<u>Title</u>	<u>Name</u>	Address	Type of Action
		.	□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
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ective date, if other than the date	of filing: (option ceific and cannot be prior to date of filing or more than 90 days after f	nal)
e: If the date inserted in this block do	es not meet the applicable statutory filing requirements, this	date will not be listed a
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union s cheenve date on the Departit		
	but not an effective time at 12:01 a.m. on the earlier of the	The 90th day after th
	but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after th
cord specifies a delayed effective date, s filed.		
cord specifies a delayed effective date,	but not an effective time, at 12:01 a.m. on the earlier of; (b)	
cord specifies a delayed effective date, s filed.		
cord specifies a delayed effective date, s filed. May 30		The 90th day after the 20th day

Filing Fee: \$25.00