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(City/State/Zip/Phone #)

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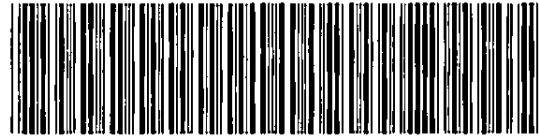
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREMIER IT NETWORK SOLUTIONS 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:

NEIL L JOSEPH
Name of Person

PREMIER IT NETWORK SOLUTIONS LLC
Firm/Company

4404 5TH STREET WEST
Address

LEHIGH ACERS - 33971
City/State and Zip Code

premieritnetworksolutions@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NEIL L JOSEPH at (239) 264-9878
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

PRIMER IT NETWORK SOLUTIONS LLC

The Articles of Organization for this Limited Liability Company were filed on 03/18/2025 and assigned Florida document number L25000132654

PREMIER IT NETWORK SOLUTIONS LLC

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>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
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		_____	☐ 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 04/14/2025

NEEL JOSEPH
Typed or printed name of signee

Filing Fee: \$25.00