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K.SALY EXAMINER APK 19

COVER LETTER

TO:	Registration Se Division of Cor						
cunt		nvestors, LLC					
Name of Limited Liability Company							
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		James P Smith, MGRM					
			Name of Person	· · · • • • • • • • • • • • • • • • • •			
		James P Smith, LLC					
			Firm/Company	· · · · · · · · · · · · · · · · · · ·			
		8041 NW 6 Ave					
			Address				
		Miami, FL 33150-2846					
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
		jsluap@hotmail.com					
		E-mail address: (to be used for future annual report notific	cation)			
For fu	rther information o	oncerning this matter, please ca	all:				
J Paul	Smith		786 296-5248 at ()				
	Name o	f Person		Telephone Number			
Enclos	sed is a check for the	ne following amount:					
□ \$2	5.00 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 APR 18 PM 2:03

PS Global Investors, 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 03/13/2006 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: James P Smith, 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: Jeffrey Feinberg, P.A. Name of New Registered Agent: 4651 Sheridan Street Suite 200 New Registered Office Address: Enter Florida street address Hollywood Florida 33021

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.

City

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		FILED			
<u>Title</u>	<u>Name</u>	Address	2816 APR 18 PM 2: 04	Type of Action	
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	April 14 Gam	Signature of a	member or author	orized representative o	of a member		

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Typed or printed name of signee

Filing Fee: \$25.00