

LIS 0000 26681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

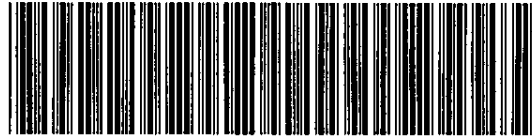
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 APR -8 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Strivers APR 29 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PSL SVC 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:

Name of Person
LUMER PROPERTY MANAGEMENT
Firm/Company
19370 COLLINS AVE C/J
Address
SUNNY ISLES BEACH FL 33160
City/State and Zip Code
MARINAKESSLER@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARINA KESSLER at (305) 321 0061
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

PSL SVC 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 02/12/2015 and assigned Florida document number 115000026651.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

19370 COLLINS AVE CU2
SUNNY ISLES BEACH FL 33160

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

19370 COLLINS AVE CU2
SUNNY ISLES BEACH FL 33160

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

SECRETARIES
TALLAHASSEE
15 APR - 8 AM
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Authorized Member 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	DAYAN, ALBERTO	14036 WEST DIXIE HWY	<input type="checkbox"/> Add
		NORTH MIAMI FL 33161	<input checked="" type="checkbox"/> Remove
MGR	KESSLER, MARINA	19370 COLLINS AVE. CUL	<input checked="" type="checkbox"/> Add
		SUNNY ISLER BEACH FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SECRETARY FOR DATE
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E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 3, 2015.



Signature of a member or authorized representative of a member

MARINA KESSLER

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA