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 : PAVESE LAW FIRM Account Number : 120130000057 Phone : (239)334-2195 Fax Number : (239)332-2243

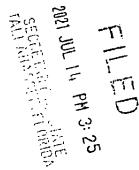
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

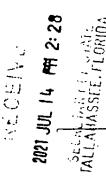
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AW-PSL FOOD & BEVERAGE, LLC

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Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

B15)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000117294</u>	were filed on 3/11/2021	and	d assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ellity company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbrevistic	n "LLC	
Enter new principal offices address, if applicable:	2211 Medina Road, Suite #100			
(Principal office address MUST BE A STREET ADDRESS)	Medina, Ohio 44256			
		ALI SEC	2021	
Enter new mailing address, if applicable:	2211 Medina Road, Suite #100		놑	
(Malling address MAY BE A POST OFFICE BOX)	Medina, Ohio 44256	2,53 2,62 2,62 2,63 2,63 2,63 2,63 2,63 2,6	t	
			P	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	pame of the	25 25	istice e e
Name of New Registered Agent:		······································		
New Registered Office Address:	Enter Florida street address	•		
	, Florid			
-	City	Zip C	iode	

New Registered Agent's Signature, if changing Registered Agent:

AW-PSI FOOD & REVERAGE LLC

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 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>	Address	Type of Action
AMBR	America Walks at Port St. Lucie, L.	2211 Medina Road, Suite #100	□Add
		Medina, Ohio 44256	□Remove
			≅Change
			□Add
			□Remove
			☐ Change
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