

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L21000313457

**FILED**  
**Aug 02, 2022**  
**Secretary of State**  
**1580490357CC**

**Entity Name:** PSI SPECIALIZED GROUP LLC

**Current Principal Place of Business:**

900 W 49 ST  
SUITE 560  
HIALEAH, FL 33012

**Current Mailing Address:**

900 W 49 ST  
SUITE 560  
HIALEAH, FL 33012 US

**FEI Number:** 87-1598090

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AV ACCOUNTING ASSOCIATES CORP  
1525 N PARK DR  
SUITE 104  
WESTON, FL 33326 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MORENO JARAMILLO, FELIPE A  
Address 1525 N PARK DR  
104  
City-State-Zip: WESTON FL 33326

Title AMBR  
Name BERNAL OROZCO, ALBEIRO  
Address 1525 N PARK DR, SUITE 104  
City-State-Zip: WESTON FL 33326

Title MANAGER  
Name PALACIO, JOSE A  
Address 1525 N PARK DR, SUITE 104  
City-State-Zip: WESTON FL 33326

Title AMBR  
Name FERNANDEZ, ANDRES  
Address 1525 N PARK DR, SUITE 104  
City-State-Zip: WESTON FL 33326

Title AMBR  
Name ARIAS, ALEXANDER  
Address 1525 N PARK DR, SUITE 104  
City-State-Zip: WESTON FL 33326

Title AMBR  
Name PALACIO, LUZ E  
Address 1525 N PARK DR, SUITE 104  
City-State-Zip: WESTON FL 33326

Title AMBR  
Name CANO, DIANA  
Address 1525 N PARK DR, SUITE 104  
City-State-Zip: WESTON FL 33326

Title AMBR  
Name RESTREPO, MAURICIO  
Address 1525 N PARK DR, SUITE 104  
City-State-Zip: WESTON FL 33326

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FELIPE A MORENO JARAMILLO

AMBR

08/02/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date