LD800011762

Office Use Only



800236222128

08/15/12--01007--026 **160.00

12 AUG 15 PH 4: 08)
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

APPROVEB AND FILED

D. BRUCE

AUG 1 6 2012

EXAMILER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	PS - BR	ANDON, LLC			
	Name of Limit	ed Liability Company			
	Amendment and fee(s) are sub	-			
Please return all corresp	ondence concerning this matter	to the following:			
		RUDY MENENDEZ			
		PS-BRANDON,LLC Firm/Company			
	113	11391 CAUSEWAY BLVD. Address		SE(3
				CRE	≥ 5
BRANDO		RANDON, FL 33511	N, FL 33511		APPROYEU AND FILED
		City/State and Zip Code		TARY OF	
F-mail addrage: (t		tmen8@aol.com o be used for future annual report notifi	(cation)		•
For further information	concerning this matter, please co		curry,		ည အ
DIII	Y MENENDEZ	. 012 .	653-9515		
	of Person	at (<u>813</u>) Area Code & Daytime			
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)) Certified C	of Status &	osed)
MATI	INC ADDRESS.	STDEET/COUDE	ED ADDRESS.		

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

(Name of the Limited	PS-BRANDON, LLC Liability Company as it now appears Florida Limited Liability Company)	on our records.)			
The Articles of Organization for this Limited L Florida document number	and assigned				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liability company here	:			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Compan	y," the designation "I	LLC" or the abbreviation		
Enter new principal offices address, if applic	7.s				
(Principal office address MUST BE A STREE		2 AUG			
Enter new mailing address, if applicable:	 .		FILED FILED AND FILED FARY OF HASSEE, F		
(Mailing address MAY BE A POST OFFICE					
B. If amending the registered agent and/ registered agent and/or the new registered of		er records, <u>enter t</u>	the name of the new		
Name of New Registered Agent:	Name of New Registered Agent: RUDY MENENDEZ				
New Registered Office Address:					
	Enter Florida street address				
	BRANDON City	, Florida	33511 Zip Code		
			4		

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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Name **Address Type of Action TONY MENENDEZ** MGR 4115 WOODACRE LANE √ Remove TAMPA, FL 33624 **RUDY MENENDEZ** MGR 11391 CAUSEWAY BLVD ✓ Add BRANDON, FL 33511 Remove ☐ Add ☐ Remove Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member of authorized representative of a member **RUDY MENEDEZ** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00