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EXAMINER

COVER LETTER

Division of Corporations					
SUBJECT:	PS FIN	IANCIAL, LLC			
	Name of Limited Liability Company .				
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
		D			
	PIERRE ST JEAN				
		Name of Person			
	PS FINANCIAL, LLC				
		Firm/Company			
4524 GUN CLUB RD., SUITE 104					
		Address			
	WEST PALM BEACH, FLORIDA 33415				
,	City/State and Zip Code			ZIBS OCT 12 AM	
	PSJ2050@MSN.COM E-mail address: (to be used for future annual report notification)			7 7	
For further information con		•	,		
To raine momaton con	corning this matter, prease c			- F	
	RE ST JEAN	at (_561 ₎	827-3088	<u> </u>	
Name of P	erson	Area Code & Daytim	e Telephone Number		
England is a shock for the	fallouing omount.				
Enclosed is a check for the	_				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	l) Certified	e of Status &	
MAHLIN	G ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PS tinance	ial, CCC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL0900081374	were filed on 08/24/2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
in it amending name, <u>sates the new or the finited nav</u>	miny company nerg.
The new name must be distinguishable and end with the words "Limi L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	Total Control of the
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	다음 9 ^{1 3}
	58 58
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
	<u>-</u> -
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	171
	, Florida

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 <u>Name</u> **Address Type of Action MGRM** PIERRE ST JEAN 4524 GUN CLUB RD., SUITE 104 ✓ Add WEST PALM BEACH, FLORIDA 33415 Remove ☐ Add Remove ☐ Add Remove Add Remove 197 ∏AAdd <u> चित्रिक</u> ∏Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member **GESULA ST JEAN**

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00