

Division of Corporations

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L10000099814

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 : GREENBERG TRAUIG - FORT LAUDERDALE
Account Number : I20040000196
Phone : (954) 765-0500
Fax Number : (954) 765-1477

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PSLS PROPERTIES, LLC**

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A. LUNT

DEC. 15 2010

EXAMINER

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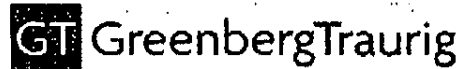
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**Transmittal Cover Sheet****From:**

Meredith Kimmel

Tel:

954-468-1722

Fax:

954-759-5539

To:

Division of Corporations

Fax No:

18506176383

Company:

Florida Department of State

Phone No.:**File No.:** 124681.010400**Re:** PSLS PROPERTIES, LLC**Date:** 12/14/10 3:14 PM**No. Pages:** Including Cover Sheet 4**If you do not receive all pages properly, please call the sender.****Notes:** Please file with the Florida Secretary of State.
Thank you

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Greenberg Traurig, P.A.

401 East Las Olas Boulevard, Suite 2000, Ft. Lauderdale, Florida 33301 Phone: 954.765.0500 Fax: 954.765.1477

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PSLS PROPERTIES, 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 September 23, 2010 and assigned Florida document number L10000099814

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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 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
MGR	Par Sanda	500 East Broward Blvd #1620 Fort Lauderdale, FL 33394	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Louise Sanda	500 East Broward Blvd #1620 Fort Lauderdale, FL 33394	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated December 14, 2010

Signature of a member or authorized representative of a member
Par Sanda, Member

Typed or printed name of signee