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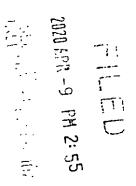
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:	Registration So Division of Cor			
	• PSALM 13	ร เหย่	•	_
SUBJ	ECT: 1		nited Liability Company	
		Name of Litt	нен глаянну Сотрану	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		AILEEN ALVIOR, MBA		
			Name of Person	
		PSALM 138 LLC		
			Firm Company	
		1905 W. BUSCH BLVD		
			Address	
		TAMPA, FL 33612		
			City/State and Zip Code	
		PSALMREALTYHOLDIN	_	
		E-mail address: (to be used for future annual report no	tification)
For fu	rther information e	oncerning this matter, please c	all:	
AILE	EN ALVIOR, MB	٨	813 435.5340 at ()	
	Name o	f Person	Area Code Daytis	me Telephone Number
Enclos	sed is a check for the	ne following amount:		
₩ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration		Street Address: Registration S	ection
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	
	Tallahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ON THE ST PSALM 138 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 and assigned Florida document number $___1.12000115968$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PSALM 138 REALTY LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." SAME AS BEFORE Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SAME AS BEFORE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: SAME AS BEFORE Name of New Registered Agent: SAME AS BEFORE New Registered Office Address: Enter Florida street address

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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	SAME AS BEFORE	-	
			□Remove
			☐ Change
			□Remove
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Filing Fee: \$25.00