

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L13000081256

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : AT PLUS CORP
Account Number : 120140000060
Phone : (305)406-3800
Fax Number : (305)406-3999

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15 MAY -4 AM 10:00

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BUREAU OF CORPORATE
REGISTRATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PSD AND MORE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

MAY 05 2015
J. HARRIS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PSD AND MORE 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 06/04/2013 and assigned
Florida document number L13000081256

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 contain 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)

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:

AT PLUS CORP.

New Registered Office Address:

3650 NW 82ND AVE SUITE 404

Enter Florida street address

DORAL

City

Florida 33166

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 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.


If Changing Registered Agent, Signature of New Registered Agent

May. 4. 2015 1:51PM

No. 7042 P. 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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TALLAHASSEE FLORIDA
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No. 7042 P. 4

[illegible]

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Dated MAY 4

2015

Signature of a member or authorized representative of a member

José Luis Contreras

Typed or printed name of signee

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