

LIS 0000 26681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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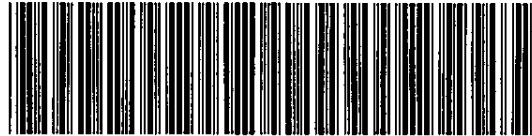
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers APR 27 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PSL SVC LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

LUTER PROPERTY MANAGEMENT
Firm/Company

19370 COLLINS AVE CW 2
Address

SUNNY ISLES BEACH FL 33160
City/State and Zip Code

MARINAKESSLER@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARINA KESSLER at (308) 321 0061
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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 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

**TO
ARTICLES OF ORGANIZATION
OF**

PSL SVC 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 02/12/2015 and assigned Florida document number 115000026651.

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)

19370 COLLINS AVE CU2
SUNNY ISLES BEACH FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19370 COLLINS AVE CU2
SUNNY ISLES BEACH FL 33160

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 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

Authorized Member 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>
<u>MGR</u>	<u>DAYAN, ALBERTO</u>	<u>14036 WEST DIXIE HWY</u>	<input type="checkbox"/> Add
		<u>NORTH MIAMI FL 33161</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>KESSLER, MARINA</u>	<u>19370 COLLINS AVE. CUL</u>	<input checked="" type="checkbox"/> Add
		<u>SUNNY ISLES BEACH FL 33160</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/17/01 BY 60321
JAL/KAS/STP/BRI/

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 3, 2015.



Signature of a member or authorized representative of a member

MARINA KESSLER

Typed or printed name of signee

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Filing Fee: \$25.00

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