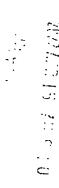
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 622901 7267768
AUTHORIZATION :
COST LIMIT : \$ 25.00
ORDER DATE : April 14, 2022
ORDER TIME : 4:50 PM
ORDER NO. : 622901-025
CUSTOMER NO: 7267768
DOMESTIC AMENDMENT FILING  NAME: CRUBIN PSL HOLDINGS LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS: \_\_

CONTACT PERSON: Eyliena Baker -- EXT#

## **COVER LETTER**

TO:

TO: Registration So Division of Co			
Charles and Cales	SL Holdings LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jordan Turkewitz		
		Name of Person	<del>-</del>
	ZM Capital Management,	LLC	© \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) on orations
		Firm/Company	<u></u>
	110 EAST 59TH STREET	Name of Person  gement, LLC  Firm/Company  STREET, 24TH FLOOR  Address  10022  City/State and Zip Code  com  address: (to be used for future annual report notification)  please call:  at (	
		Address	<del></del> .
	NEW YORK, NY 10022		
		City/State and Zip Code	
	turkewitz@zmclp.com	. 1 . 10 3	
For further information c	e-mail address: ( concerning this matter, please c	·	ilication)
Joseph Mignone			
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration 9			ection
Division of C		<del></del>	
P.O. Box 632		The Centre of T	Γatlahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRubin PSI, Holdings	
( <u>Name of the Limited Liability Company as it now an</u> (A Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed or Clorida document number $\frac{L15000110777}{L15000110777}$ .	June 25, 2015 and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability compan	<u>y here</u> :
Logitix PSL Holdings LLC	
he 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:	22
Principal office address MUST BE A STREET ADDRESS)	700 M
	. 2
	- Cr
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	3
B. If amending the registered agent and/or registered office address on ougent and/or the new registered office address here:  Name of New Registered Agent:	ur records, enter the name of the new regist
New Registered Office Address:	
	Florida street address
	Florida
Cin	Zin 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

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>	Address	Type of Action
			□Add
		<del></del> -	□Remove
			Change
			□ Add
			Remove
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Effective date, if other than the date of filing:		(optional	)
t an effective date is listed, the date must be specific and canno Note: If the date inserted in this block does not meet th	be prior to date of filing or applicable statutory fil	more than 90 days after filing ing requirements, this date	; ) Pursuant to 605 0 ; will not be listed
document's effective date on the Department of State's	records		
record specifies a delayed effective date, but not an eff d is filed	ective time, at 12:01 a m	on the earlier of (b) If	ne 90th day after t
202	?		
Onted April 14			
A	or authorized representativ		

Filing Fee: \$25.00