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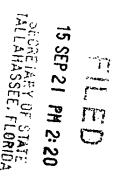
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COVER LETTER

		stration Secti sion of Corpo					
	om.	PSH, LLC					
SUBJEC	JI: ,		Name of Limite	ed Liability Company			
The encl	losed	Articles of Ar	nendment and fee(s) are subm	itted for filing.			
Please re	eturn	all correspond	lence concerning this matter to	the following:			
			R.R. Crabtree	•			
				Name of Person			
			Crabtree Law Group, P.A.				
			Firm/Company				
	8777 San Jose Boulevard, Bldg. A, Suite 200						
				Address			
			Jacksonville, Florida 32217				
				City/State and Zip Code			
			dh-freeman@comcast.net				
			E-mail address: (to	be used for future annual repor	rt notification)		
For furth	ner in	formation con	cerning this matter, please call	l:			
Angela (Chico	ola		904 732-97 at ()	01		
		Name of P	erson	Area Code D	aytime Telephone Number		
Enclosed	d is a	check for the	following amount:				
\$25.0	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	e of Status &	

MAILING ADDRESS:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PSH, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L15000155703	were filed on September 11, 2015	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	86860 Cartesian Point Dr.			
(Principal office address MUST BE A STREET ADDRESS)	Yulee, Florida 32097			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	86860 Cartesian Point Drive Yulee, Florida 32097	15 SEP 21 PI		
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records,			
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

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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> □ Add ☐ Remove ☐ Change □ Add ☐ Remove · 25 □**⊈**hange EP 2 Add ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change

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effective date is listed, the date must be spe	ecific and cannot be price	r to date of filing or m	ore than 90 days after	r filing.) Purs	uant to	605.0
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ecord specifies a delayed effence 90th day after the record is		ot an effective t	ime, at 12:01	a.m. on tl	ne ea	rlier
ie John day arter the record is	s med.					
September 18	2015	•				
4		norized representative				

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