## 15000184067

Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE
TALLAMASSEE, FLORIDA

D. SCOTT OCT 2 1 2016

## **COVER LETTER**

TO: Registration Se Division of Cor	ection rporations			
	OLDING LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		•
Please return all correspo	ondence concerning this matter	to the following:		
	SHIBU SCARIA			
		Name of Person	',	-
	SHIBU SCARIA LLC			
		Firm/Company		-
	5939 NW, 79TH WAY			,
		Address		<del>.</del>
	PARKLAND, FL 33067			SECR
	annjoisy@hotmail.com	City/State and Zip Code		FILED CT 20 AM ETARY OF
	E-mail address: (	to be used for future annual report notifica	tion)	20 M ASSEELFI
For further information c	concerning this matter, please ca	all:		FLOSTA 2
SHIBU SCARIA		954 857-1839 at ( )		RDA ATE ATE
Name o	f Person		elephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PSJ & S HOLDING LLC		
( <u>Name</u> of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on 10/29/2015	and assigned
Florida document number L15000184067		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
SHIBU SCARIA LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NO CHANGE	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	NU CHANGE	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here:	ice address on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:		TAES 6
New Registered Office Address:		图 5 7
	Enter Florida street address Florida	20 SSEE
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent;	^	SAT 2:
hereby accept the appointment as registered agent and agree	e to act in this capacity. I further a	gree to comply with the

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 = M $AMBR = A$	lanager .uthorized Member		
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Filing Fee: \$25.00