46000041321

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COVER LETTER

	Registration Se Division of Cor				
SUBJEC		REALTY, LLC			
SUBJEC	.1:	Name of Lin	nited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspe	ondence concerning this matter	to the following:		
		AILEEN ALVIOR			
			Name of Person	· · · · · · · · · · · · · · · · · · ·	_
		PSALM 46 REALTY LLO	C		
			Firm/Company		
		1905 W. BUSCH BLVD			
			Address		_ ;
		TAMPA, FL 33612			
			City/State and Zip Code		-
		PSALMREALTYHOLDIN	_		•
		E-mail address: (to be used for future annual re	port notification)	· .
For furth	er information c	oncerning this matter, please co	all:		•
AILEEN ALVIOR		813 4355	5340		
	Name o	f Person	at () Area Code	Daytime Telephone Numb	Der
Enclosed	is a check for the	ne following amount:			
	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certifi (cd) Certifi	Filing Fee, cate of Status & ed Copy nat copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registratio Division of Clifton Bui	Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PSALM 46 REALTY, LLC (Name of the Lim	ited Liability Comna	inv as it now appears on our records.)	
Capit of the Jan	(A Florida Limited	inv as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited	Liability Company	were filed on February 29, 2016	and assigned
orida document number L16000041321	·		
his amendment is submitted to amend the fol	llowing:		
. If amending name, enter the new name	of the limited liah	pility company here:	
SALM 46 REALTY LLC (please re	move the comma) - 	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if appli	icable:	N/A	
Principal office address MUST BE A STRE			<u> </u>
			:
nter new mailing address, if applicable:		NA	!
(Mailing address MAY BE A POST OFFICE BOX)			 .
raming dames 19711 1912 /11 (XY) (XY) (XY)	21020		
			·-
. If amending the registered agent and egistered agent and/or the new registered of			er the name of the
Name of New Registered Agent:	NA		
New Registered Office Address:	NA		
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
	NA		
			□ Remove
			Change
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	7/3/2018		•		
ffective date, if other than the an effective date is listed, the date mus	date of filing:	3.70	(optional)		
an effective date is listed, the date mus lote: If the date inserted in this bl	4 be specific and cannot be prior ock does not meet the applic	to date of filing or more than able statutory filing requi	i 90 days after filing.) Pursua rements, this date will no	int to 605.02 of be listed :	
ocument's effective date on the D					
e record specifies a delayed	l effective date, but no	t an effective time,	at 12:01 a.m. on the	e earlier	
The 90th day after the rec	ord is filed.				
ated	2018				
		the same			
	Signature of a member or auth	ouzed representative of a me	ember		
	A11 (ALVIOD			
	AILEEN	ALVIOR			

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Filing Fee: \$25.00