

LLC 000127300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

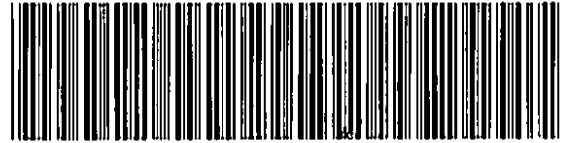
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2020 APR 10 A 9:59

LLC
N/C

APR 14 2020

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 APR 10 AM 7:41

March 10, 2020

PITERSON ST. FLEUR
10190 BOCA ENTRADA BLVD.
APT. 121
BOCA RATON, FL 33428

SUBJECT: ST.FLEUR LE BELLE LLC
Ref. Number: L16000127300

We have received your document for ST.FLEUR LE BELLE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOUR AMENDMENT IS BEING RETURN PER YOUR REQUEST. THERE HAS BEEN SEVERAL ATTEMPTS TO CONTACT YOU BUT NO RESPONSE.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 520A00005290

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: St. fleur Le Belle 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:

Piterson St. Fleur
Name of Person

Firm/Company

10190 Boca Entrada Blvd. Apt. 121
Address

Boca Raton FL 33428
City/State and Zip Code

Piterson.st.fleur100@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Piterson St Fleur at (561) 674-3801
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

St. Fleur Le Belle LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2000 APR 10
A 8:53

The Articles of Organization for this Limited Liability Company were filed on 07-05-16 and assigned
Florida document number L16000127300.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PSFINEST "L.L.C."

The 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:

(Principal office address MUST BE A STREET ADDRESS)

10190 Boca Entrada Blvd. Apt. 121
Boca Raton FL 33428

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Piterson St Fleur

New Registered Office Address:

10190 Boca Entrada Blvd. Apt. 121

Enter Florida street address

Boca Raton

City

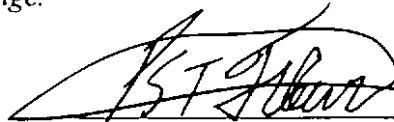
Florida

33428

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>	<u>Address</u>	<u>Type of Action</u>
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
		<hr/>	<input type="checkbox"/> Remove
		<hr/>	<input type="checkbox"/> Change
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		<hr/>	<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

[Signature]

Person St. Fleur

Typed or printed name of signee