## 116000147111

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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
oup u	PSL HFEV,	LLC		
SUBJI	ECT:	Name of Limi	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	idence concerning this matter	to the following:	
		CHERYL KAUFMAN		
			Name of Person  FMAN, PA  Firm/Company  GHWAY  Address  City/State and Zip Code  TITLE.COM  (to be used for future annual report notification)  call:	
		CHERYL JULIEN KAUF	MAN, PA	
			Firm/Company	-
		2340 SOUTH DIXIE HIGH	HWAY	
			Address	Code  annual report notification)
		MIAMI, FL 33133		
			City/State and Zip Code	11
		CHERYL@KAUFMANTI		
		E-mail address: (I	to be used for future annual report notifi-	cation)
For fu	ther information co	ncerning this matter, please ca	all:	
CHER	RYL KAUFMAN		305 854-0500	
<del></del>	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for the	e following amount:		
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

PSL HFEV, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L16000147111	ere filed on and ass	igned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability		L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		1 4
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	E G A	M
Enter new mailing address, if applicable:	± σ, ±	0
(Mailing address MAY BE A POST OFFICE BOX)	AII O	
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B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ee address on our records, enter the name	of the n
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	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
MGR	RENATO DIAS	19000 NE 5th Avenue, North Miami Beach, FL 33133	3 <b>⊟</b> Add
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,	ending any other information, enter change(s) here: (Attach additional sheets, if necessar	<i>y.j</i>	
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Note:	tive date, if other than the date of filing:	.) Pursuant to 60 will not be lis	05.0207 (3)( sted as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. e 90th day after the record is filed.	on the ear	ier of:
Dated	is A. C. 20/6. Signature of a member of authorized representative of a member	2015 TARY	
		二年 >	·

Page 3 of 3

Filing Fee: \$25.00