From: Tax Care Fort Lauderd, Fax: 19542568117 10/11/2019

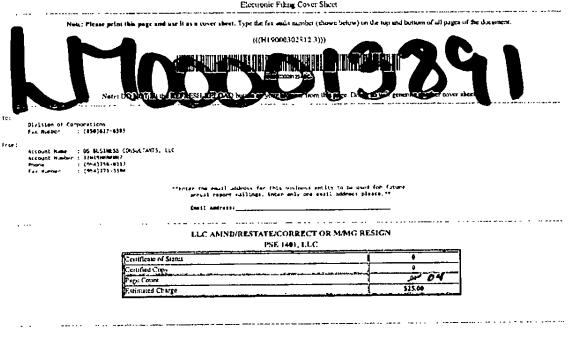
To:

Fax: (850) 617-6383 Division of Corporations

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Florida Department of State Division of Corporations Electronic Filing Cover Sheet



Electronic Filing Menti Corporate Filing Menti

Help

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

To:

PSE 1401, LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on (Liability Company)	our records.)		
The Articles of Organization for this Limited L Florida document number 1.17000013891	4, 2019	and assigned			
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
N/A					
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the design	ation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:		1235 E LAKE DRIVE			
(Principal office address MUST BE A STREI	FORT LAUDERDALE FL 33316				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Ñ/A		2019 (107)	
B. If amending the registered agent and registered agent and/or the new registered of	lor registered of the first re	iffice address on ou <u>re</u> :	r records, <u>enter th</u>	e name of the new	
Name of New Registered Agent:	DS BUSINESS CONSULTANTS, LLC				
New Registered Office Address:	1489 SE 17TH	STREET STE 2J			
ing a look learner with a service and see.	Enter Florida street address				
	FORT LAUDERDALE FIG		, Florida	rida <u>33316</u>	
	•	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

Page 1 of 3

_____ Change

10/11/2019 12:33 PM

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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u> N/A	Address N/A	Type of Action
	N/A		
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Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	onal) filing.) Pursuant s date will not l	_r∖_ to 605 02	.07 (3)(b) as the
the record specifies a delayed effective date, but not an effective time, at $12:01$ and $12:01$ and $12:01$ and $12:01$ are $12:01$ and $12:01$ and $12:01$ are	a.m. on the	earlier	of:
Dated OCTOBER 11TH 2019			

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Filing Fee: \$25.00