47000060449

- (F	Requestor's Name)	
(/	Address)	
()	Address)	
(6	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
([Business Entity Name)	
	Document Number)	<u> </u>
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	

Office Use Only



200300829922

U6/30/11--01/011--013 **33.01

JUL 0 5 2917 J SHIVERS

COVER LETTER

Division of Co			
	quipment, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Steven C. Barre		
		Name of Person	
	Parametric Solutions Inc.		
		Firm/Company	
	831 Jupiter Park Dr.		
		Address	
	Jupiter, FL 33458		
		City/State and Zip Code	
	steven.barre@psnet.com E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
Steven C. Barre		561 512-2694	
Name	of Person	at () 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)
	LING ADDRESS:	STREET/COURI Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PSI-DO EQUI	PMENT, LLC	
(Name of the Lin	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited orida document number	Liability Company	y were filed on March 16, 2017	and assigned
his amendment is submitted to amend the fo	llowing:		
. If amending name, enter the new name	of the limited lial	pility company here:	
PSI Manufacturing Operations, LLC			
ne new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	N/A	. <u></u>
Principal office address MUST BE A STRE	ET ADDRESS)		
nter new mailing address, if applicable:		N/A	<u> </u>
<u>Mailing address MAY BE A POST OFFICE</u>	E BOX)		_
If amending the registered agent and gistered agent and/or the new registered of Name of New Registered Agent:	d/or registered of office address her	office address on our records, <u>ente</u> r <u>e</u> :	r the name of the
New Registered Office Address:	N/A		
		Enter Florida street address	
		, Florida	5 ° € 254
		Ciŋ [,]	Zip Code
ew Registered Agent's Signature, if changing	Registered Agent	<u>t</u>	7:1
hereby accept the appointment as register	end agant and acc	was to got in this connecte: I.C. of	

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			□ Remove
			☐ Change
		-	
			☐ Rcmove
			Change
			□ Add
			□ Remove
			Change
			□ Remove
			□ Change

N/A									
		· · ·							—
		<u>_</u>							
			 -						
		<u>.</u>							
·····									
**	,, <u> </u>				_			· -	
									
	 :							·	
									^
		··			···			2	
									ÚĴ
									Ē
								,	
								<u>.</u>	ţ
		·							
ective date, i	f other than t	he date of f	iling:				(option:	al)	
ellective date is	inserted in this	must be specifi block does r	c and cannot b not meet the	be prior to da applicable	e of filing or statutory fi	r more than 90 line requirer) days after fil nents this d	ing.) Pursuant t	to 605.02 a listad
ument's effect	ive date on the	Department	of State's re	ecords.	maidle y ii	g requirer	nemo, mo d	ate will not be	e nated
record spec	ifies a delay	ed effectiv	ze date, h	ut not an	effective	etime at	12·01 a.c	n on the e	arlier
he 90th day	after the r	ecord is fil	ed.	at not an	Circuit	. time, ac	12.01 (1.1	ii. Oii tile e	arnei
ed June 21	Ī		/201	7					
-									
($\overline{}$	0. /	/)		250/5	\[\bar{\bar{\bar{\bar{\bar{\bar{\bar{		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee