

L17000157191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

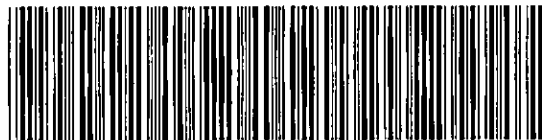
(Document Number)

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NOV 18 2022

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RECEIVED
2022 NOV 17 PM 4:00
FALLAHASSELL, LLC.

2022 NOV 17 AM 11:46
FALLAHASSELL, LLC.

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: I20210000160 Amount: \$ 25.00

Authorization Signature: James Fuller
 PSFR, LLC L17000157191
Business Document #

 Walk in
 Pick up time

 Mail out Will wait

 Photocopy

 Certified Copy of Articles of Organization

 Certificate of Status

NEW FILINGS

 Profit
 Not for Profit
 Limited Liability
 Domestication
 LLLP
 CORP

AMMENDMENTS

 X Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger
 Conversion
 AFFIDAVID BY FOREIGN CORP.

OTHER FILINGS

 Annual Report
 Fictitious Name

 APOSTIL
 Country

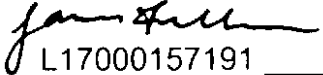
REGISTRATION/QUALIFICATIONS

 Foreign filing
 Statement of Partnership
 Reinstatement
 Other

AMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: I20210000160 Amount: __\$__25.00__

Authorization Signature: 
____PSFR, LLC L17000157191____
Business Document #

___ Walk in
___ Pick up time___

___ Mail out ___ Will wait

___ Photocopy

___ **Certified Copy of Articles of Organization**

___ **Certificate of Status**

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___ Not for Profit
___ Limited Liability
___ Domestication
___ LLLP
___ **CORP**

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___ **X** Amendment
___ Resignation of R.A. Officer/Director
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___ **Conversion**
___ **AFFIDAVID BY FOREIGN CORP.**

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___ Fictitious Name

___ **APOSTIL** ___
Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Statement of Partnership
___ Reinstatement
___ Other

EXAMINER'S INITIALS: _____

4

TO:

SUBJECT:

The

Plea

Pascal Gibert

Name of Person

Firm/Company

1145 Via Jardin

Address

West Palm Beach, FL 33418

City/State and Zip Code

pgibert@bestoptionsllc.com

E-mail address: (to be used for future annual report notification)

For

Pascal Gibert

561 214-2328

at (_____)

Daytime Telephone Number

Final

☑ \$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**

FILED
2022 NOV 17 AM 11:45
SECRETARY OF
STATE
TALLAHASSEE, FL

PSFR, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/21/2017 and assigned
Florida document number 1.17000157191.

This amendment is submitted to amend the following:

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

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)

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:

New Registered Office Address:

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Triple A Partners SPRL	Avenue Leo Errera 42	<input checked="" type="checkbox"/> Add
		1180 Brussels BELGIUM	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Pascal Gibert	1145 Via Jardin	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33418	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.

Dated November 17, 2022

/s/ Pascal Gibert

Signature of a member or authorized representative of a member

Pascal Gibert

Typed or printed name of signee