L17000219260

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Amendalance

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COVER LETTER

Registration Section Division of Corporations

10:

Next Leve	l Aviation Holdings, LLC			
SUBJECT.	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	David R. Pettit, III			
		Name of Person		
	Next Level Aviation Hole	dings, LLC		
		Firm/Company		
	1671 N.W. 144th Terr#	111		
		Address		
	Sunrise, FL 33323			
		City/State and Zip Code		
	dpettit@salsamanageme	nt.com		
	E-mail address: (to be used for future annual report notification)		
For further information o	oncerning this matter, please c	all:		
Douglas W. Williams,	CPA	954 475-1500 Ext.1		
Name o	f Person	at () Area Code Daytime Telephone Number	_	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing F Certified Copy Certificate of S (additional copy is enclosed) Certified Copy (additional copy is	Status &	
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations 17	Street Address: Registration Section Division of Corporations The Centre of Tallahassee		
Tallahassee, l	rL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Next Level Aviation Holdings, 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 10/23/2017 Florida document number L17000219260 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PSB Real Estate Holdings, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 10167 W. Sunrise Blvd., #107 Enter new principal offices address, if applicable: Plantation, FL 33322 (Principal office address MUST BE A STREET ADDRESS) 10167 W. Sunrise Blvd., #107 Enter new mailing address, if applicable: Plantation, FL 33322 (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 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
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			□Remove
			□Change
			□Add
			□Remove
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Effective date, if other fan effective date is listed Note: If the date inserdocument's effective d	l, the date must be sp ted in this block do	ecific and cannot boses not meet the	applicable stat	filling or more th utory filing requ	(optiona in 90 days after fili irements, this da	ng.) Pursuant to 605.020
e record specifies a delard is filed.	ayed effective date	, but not an effec	ctive time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th day after the
January 13th		2020				
Janeu	İΛ	<u> </u>				
	Uln	ure of a member of	_			