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(Requestor's Name)
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PICK-UP WAIT MAIL
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(business Entity Name)
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U4/U5/19--U1012--U30 **55.00



02/1/3/19

COVER LETTER

PSF LLC		•	
	Name of Limite	ed Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subm	itted for filing.	
Please return all corresp	oondence concerning this matter to	the following:	
	YAEL JOHANNA CLERIE		
	GRAFCO GROUP	Name of Person	
	19150 SW 296TH ST	Firm/Company	
	HOMESTEAD, FL 33030	Address	
	JOHANNAZREIK@GMAIL	City/State and Zip Code COM be used for future annual report notifi	
For further information	concerning this matter, please call	•	cationy
SABRINA CLERIE		786 999-4332	
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)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

PSF LLC		
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 05/31/2018	and assigned
lorida document number 1.18000135741		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
FRAFCO GROUP LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		J. 6
Principal office address MUST BE A STREET ADDRESS)	*	10000000000000000000000000000000000000
		7
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
numing dudress MAT BE A FOST OFFICE BOA)		
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her	ffice address on our records, <u>e</u> :	nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street uddrass	
	rater i no act areer catariss	
	, Florid	a Zip Code
	2,444	ZID COGE

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 amend the uthorized 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
			Remove
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Tective date, if other than the da an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depa	does not meet the ap	olicable statutory f	or more than 90 days iling requirements	optional) after filing.) Pursuant to 605.020 , this date will not be listed a
record specifies a delayed e The 90th day after the record		not an effectiv	e time, at 12:0	01 a.m. on the earlier o
nted MARCH 29TH	2019			
				
<u> </u>	aro conanna u er el Mar 29 (c. 19			

Page 3 of 3

Filing Fee: \$25.00