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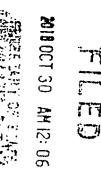
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PSG PARTNERShip LLC Name of Limited Liability Impany
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gretter Machado Name of Person
Firm/Company
1527 Kismat Phuy W
CAPO COROL FC 33993 City/State and Zip Gode
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Grette Hachado at 239 6993957 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status

MAILING ADDRESS:

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

(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 Co Florida document number <u>L 18000 21823</u>	ompany were filed on <u>4/3</u> 33	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	7 mag 200
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		18 OCT 30 A
B. If amending the registered agent and/or registered agent and/or the new registered office address.		ir records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
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 a provisions of all statutes relative to the proper and co- accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my ent as provided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
MGR	Redro Fuentas Villalonga	15 on Kismat Phuyw Caparokal, EL	O Add
	VIII. 2015	caperotal, IL	Remove
		<u> </u>	Change
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			□ Remove
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			Change
			Add
			□ Remove
			Change

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	AN 12
Iffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of fil Note: If the date inserted in this block does not meet the applicable statute locument's effective date on the Department of State's records.	(optional) ing or more than 90 days after filing.) Pursuant to 605,020 ory filing requirements, this date will not be listed a
e record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlier c
Dated	
0-18-5	
Signature of a monitor or authorized repres	entative of a member
<i>l</i> / ,	

Page 3 of 3

Filing Fee: \$25.00