

L19000040027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

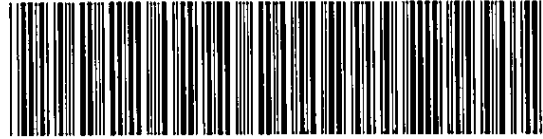
(Business Entity Name)

(Document Number)

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**TO: Registration Section
Division of Corporations**

SUBJECT: PSM SOUTH BRANCH, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MELISSA SEGR
Name of Person
THE SEMBLER COMPANY
Firm/Company
5858 CENTRAL AVENUE
Address
ST. PETERSBURG, FL 33707
City/State and Zip Code
MELISSA.SEGRC@SEMBLER.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELISSA SEGR 727 344-8156
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PSM SOUTH BRANCH, 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 02/08/2019 and assigned
Florida document number L19000040027.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5858 CENTRAL AVENUE

ST. PETERSBURG, FL 33707

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5858 CENTRAL AVENUE

ST. PETERSBURG, FL 33707

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: GREGORY S. SEMBLER

New Registered Office Address: 5858 CENTRAL AVENUE

Enter Florida street address

ST. PETERSBURG

City

Florida 33707

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>
MGR	REAL SUB, LLC	3300 PUBLIX CORPORATE PARKWAY	<input type="checkbox"/> Add
		LAKELAND, FL 33811	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GB SOUTH BRANCH, LLC	5858 CENTRAL AVENUE	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33707	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

***** PLEASE REMOVE "REAL SUB, LLC" AS THE CURRENT MANAGER AND REPLACE
WITH THE NEW MANAGER "GB SOUTH BRANCH, LLC". ALSO, CHANGE THE REGISTERED AGENT
TO "GREGORY S. SEMBLER". ALL ADDRESSES SHOULD BE CHANGED TO "5858 CENTRAL AVE.
ST. PETERSBURG, FL 33707" AS SHOWN. ALSO, IF YOU CAN, PLEASE ADD THE TAX ID NUMBER
AS WELL. IT IS 83-4005050. THANK YOU SO MUCH!! :o)

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FLORIDA

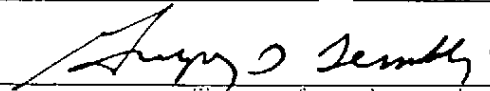
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 4-17 2019


Signature of a member or authorized representative of a member

GREGORY S. SEMBLER

Typed or printed name of signee