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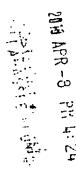
| (Requestor's Name)                      |
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|   |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

|             | egistration Sec<br>Division of Corp                                |  |   |  |  |
|-------------|--|--|---|--|--|
| SUBJECT     | PSALM 101  | 3 LLC  |   |  |  |
| SUBJEX, (   | · · · · · · · · · · · · · · · · · · ·                              | Name of Lim                                  | ited Liability Company  |  |  |
| The enclos  | sed Articles of /  | Amendment and fee(s) are sub                 | mitted for filing.  |  |  |
| Please retu | ırn all correspoi  | ndence concerning this matter                | to the following:   | ;  |  |
|             |  | MARCELL NODARSE                              |   |  |  |
|             |  |  | Name of Person  |  |  |
|             |  |  | Firm/Company  | -  |  |
|             |  | 5016 SW 131ST AVE                            |   |  |  |
|             |  |  | Address   |  |  |
|             |  | MIRAMAR, FL 33027                            |   |  |  |
|             |  | MNOD22@GMAIL.COM                             | City/State and Zip Code   |  |  |
|             | E-mail address: (to be used for future annual report notification) |  |   |  |  |
| For further | information co   | oncerning this matter, please co             | all:  |  |  |
| MARCEL      | L NODARSE  |  | 305 968-5722  |  |  |
| -           | Name of  | Person                                       | Area Code Daytime   | e Telephone Number   |  |
| Enclosed i  | s a check for th   | e 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) |  |
|             | MAILI  | NG ADDRESS:                                  | STREET/COURI  | ER ADDRESS:  |  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

company has been notified in writing of this change.

| ARTICLES   | S OF AMENDMENT   |
|--|--|
|  | TO 🐾   |
| ARTICLES   | OF ORGANIZATION 50 6   |
|  | OF $\%$  |
|  |  |
| PSALM 103 LLC  |  |
| (Name of the Limited Liability<br>(A Florida I                     | OF ORGANIZATION OF  Company as it now appears on our records.) Limited Liability Company)  ompany were filed on 03/27/2019  and assigned |
|  |  |
| The Articles of Organization for this Limited Liability Co         | ompany were filed on 03/27/2019 and assigned   |
| Florida document number L19000084480                               |  |
|  | -  |
| This amendment is submitted to amend the following:                |  |
| A. If amending name, enter the new name of the limit               | ęd liability company here:   |
|  |  |
| The new name must be distinguishable and contain the words "Limite | ed 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 ADDRE                   | ESS)   |
|  |  |
|  |  |
| Enter new mailing address, if applicable:                          |  |
| (Mailing address MAY BE A POST OFFICE BOX)                         |  |
|  |  |
|  |  |
| B. If amending the registered agent and/or registe                 | ered office address on our records, enter the name of the new  |
| registered agent and/or the new registered office addre            |  |
|  |  |
| Name of New Registered Agent:                                      |  |
|  |  |
| New Registered Office Address:                                     | C. C. I  |
|  | Enter Florido street address   |
|  | , Florida  |
|  | City Zip Code  |
| New Registered Agent's Signature, if changing Registered           | Agent:   |

If Changing Registered Agent, Signature of New 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

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> | Name            | Address                               | Type of Action |
|--------------|-----------------|---------------------------------------|----------------|
| MGR          | MARCELL NODARSE | 5016 SW 131ST AVE<br>MIRAMAR FL 33027 |                |
|              |                 |                                       | ☐ Remove       |
|              |                 |                                       | Change         |
|              |                 | ·                                     | <b>⊒</b> Add   |
|              |                 |                                       | □ Remove       |
|              |                 | <del></del>                           | ☐ Change       |
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|              |                 |                                       | □ Remove       |
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|                                 |   |
| (If an effec<br><u>Note:</u> If | date, if other than the date of filing:   |
|                                 | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed. |
| Dated _                         | 4-5-2019  |
|                                 | Signature of a member or authorized representative of a member  Marcell Noderse  Typed or printed name of signee                  |
|                                 | /   |

Page 3 of 3

Filing Fee: \$25.00