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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-

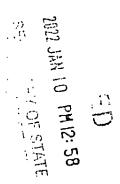
Office Use Only

A. RIVERS



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CUVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration Sect Division of Corpo	orations	
01:1 3 17	sea.	DERF INV	Estias, LLC
SUBJE		Name of Li	mited Liability Company
The en	closed Articles of A	mendment and fee(s) are su	ibmitted for filing.
Please	return all correspon	dence concerning this matte	er to the following:
		HUCNG	THE PHAM Name of Person
			Name of Person
		PIRE	TNVESTERS, LLC. Firm/Company
		1828 Rt	Address
			Address
		TEN:TY,	City/State and Zip Code Chotmand. com State to be used for future annual report notification)
		0	City/State and Zip Code
		thaox34	& hotmail, tom
		E-mail address	:: (to be used for future annual report notification)
For fu	rther information co	oncerning this matter, please	call:
	THAO NO	=UTEN	at (SSO) 228 7023
	Name of	Person	Area Code Daytime Telephone Number
Enclo	sed is a check for th	e following amount:	
□ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address: Registration Section
	Registration S Division of C		Division of Corporations
	P.O. Box 632		The Centre of Tallahassee
	Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PSRE INVESTORS, 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 09 03 2019 and assigned
Florida document number <u>L19000222768</u>
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 "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Trincom Office was to Hobi DE A STREET ADDRESS
Enter new mailing address, if applicable:
(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 registere
agent and/or the new registered office address here:
2
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
City , Florida Zip CoRe
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

amenum Aumorized rerson(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
AMBR	HOUNG PHAM	1828 REGAL MIST LEEP	MAdd
		TRINITY FLORIDA 34655	□Remove
			□Change
AMBR	SANG NGUTEN	3487 CEDAR CREST LOOP SPRING HILL FLORIDAL 34609	🗹 Add
		STRING HICK FLORING SHOW	□Remove
			□Change
			Change
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