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LBO 000000 8905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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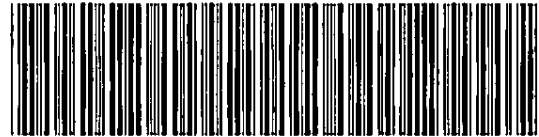
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 MAR -2 PM 12:07

MAY 18 2021

R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

PCSB INVESTMENTS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BETH MARTIN ESQ

Name of Person

Firm/Company

4890 Pine Tree Dr

Address

Miami Beach, Fl 33140

City/State and Zip Code

cmartinesq@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth C. Martin, Esq

405

868-4895

at (_____)

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee & Certified Copy

☒ \$60 Filing Fee.
Certificate of Status &
Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: PCSB INVESTMENTS LLC

SECOND: The Florida Document number of the limited liability company is: 1.0000008905

THIRD: Document to be corrected is: 01/04/20210--ANNUAL REPORT

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Entire Filing not authorized, document signer not authorized. Unauthorized Change of Registered Agent.

Unauthorized Change of Person Authorized to manage LLC. Fraudulently signed and executed. Proper Registered

Agent and Authorized Person to managed LLC is Beth Martin ESQ 4890 Pine Tree Dr. Miami Beach, FL 33140

OR

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Fraudulently signed and executed. Person signing did not have authority to sign, did not have authority to change

the registered agent, and is not a managing member or manager of the LLC and such report should be corrected

to reflect: Registered Agent and Authorized Person is Beth Martin, Esq 4890 Pine Tree Dr, Miami Beach FL 331

OR

- ☒ The electronic transmission of the record was defective.

BETH MARTIN

01/25/2021

Signature of Authorized Representative

Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Beth Martin Esq.
Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 MAR -2 PM 12:07

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Beth Martin Esq
Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)