

L200000036195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

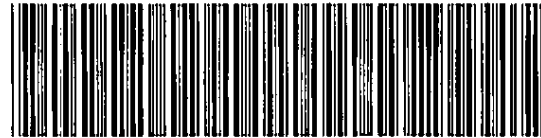
(Business Entity Name)

(Document Number)

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03/09/20--01028--006 **30.00

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CLERK OF STATE
OFFICE OF CORPORATIONS
2019-9 PM 2:26

Amend

MAR 24 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PSE Shoppes & Retailer 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:

Hadara Parrish
Name of Person

PSE Shoppes & Retailer LLC
Firm/Company

19022 NW 127th Ave, Apt. #312
Address

Miami Gardens, FL, 33056
City/State and Zip Code

pseshoppe sandretailer@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Hadarah Parrish at 954 541-6102
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

FILED
STATE OF FLORIDA
DIVISION OF CORPORATIONS
2017-06-01 PM 2:50

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

PSE Shoppes & Retailer LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2019-10-23
PSE
10/23/2019

The Articles of Organization for this Limited Liability Company were filed on 1/29/2020 and assigned
Florida document number 200000036195.

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)

~~_____

_____~~

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A
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 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

Title	Name	Address	Type of Action
AP	Andrea N. Angarica	9700 W. Daffodil Lane Miramar FL 33025	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AP	Khalil B. Roberson	19022 NW 27th Ave #312 Miami Gardens FL 33056	<input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AP	Marcela J. Oseda	9700 W. Daffodil Lane Miramar FL 33025	<input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Hardara Parrish	9700 W. Daffodil Lane Miramar FL 33025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Hadarah Parrish	9700 W. Daffodil Ln., Miramar FL 33025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

(This area is crossed out with a large X, indicating no amendments are entered.)

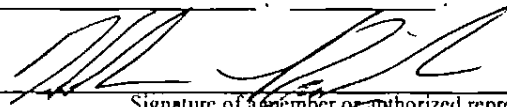
E. Effective date, if other than the date of filing: 3/13/2020 (optional)

(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 _____



Signature of a member or authorized representative of a member
Hardara Parrish

Typed or printed name of signee

Filing Fee: \$25.00