Division of Corporations Electronic Filing Cover Sheet

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIG PSA INVESTMENTS LLC

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Corporate Filing Menu

Help

To: 18506176383 From: 19165767051 Date: 11/04/20 Time: 10:24 AM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	pç pç	SA INVESTMEN	VTS LLC				
( <u>D</u>	nme of the Limited Linb (A Flor	ida Lunited Liab	is it now appear dity Company)	rs on our records.)			
The Articles of Organization for	this Limited Liability	Company we	re filed on	03/24/2020		_ and assign	red
Florida document number	L20000088841	·					
This amendment is submitted to	amend the following:						
A. If amending name, enter th	e new name of the li	mited liabilit	y company h	ere:			
The new name must be distinguishable	and contain the words "L	imited Liability	Company," the o	designation "LLC" o	or the abbrev	viation "LL.C	2.5
Enter new principal offices ad	dress, if applicable:	_				· · · · · · · · ·	
(Principal office address MUST	BE A STREET ADI	DRESS)					
		_					
Enter new mailing address, if	applicable:	_	M 3 * 4 11 -				
(Mailing address MAY BE A P	OST OFFICE BOX)	_		<u> </u>			<del></del>
		_					
					4		
B. If amending the register	ed agent and/or rep	gistered offic	e address o	n our records,	enter the	name of	the ne
registered agent and/or the ne	w registered office at	ddress here:			CRE SAC	e 	
					AS	AON	7
Name of New Register	ed Agent:		. <u>.</u>		<u> - 연극</u>	+	
New Registered Office	: Address:					2	<del>13</del> —
· · · · · · · · · · · · · · · · · · ·			Enter Flo	orida street address	.10.1 .1.S	± .	7
	_			, Flor			<i></i>
			City		> '	&p 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>	Name	Address	Type of Action
AMBR	PHUONG LAM	3414 IVYS WALK	
		DORAVILLE, GA 30340	Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
			☐ Remove
7			
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			\D\dd
			☐ Remove
			Change

To: 185061763%3 From: 19165767051 Date: 11/04/20 Time: 10:24 AM Page: 05/05 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 \_\_\_\_\_

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HA T. TRAN
Typed or printed name of signee

Filing Fee: \$25.00