h21000167945

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	ry/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Ви	siness Entity Name)
(Do	ocument Number)
Certified Copies	_ Certificates of Status
Special Instructions to	Filing Officer:
	Received
	08/24/21
	Office Use Only S.C.
	08/24/21



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FLORIDA DEPARTMENT OF STATE Division of Corporations

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August 2, 2021

NICOLE PAEZ 5800 N. DEAN ROAD ORLANDO, FL 32817

SUBJECT: PSG ENTERPRISE SERVICES LLC

Ref. Number: L21000167945

We have received your document for PSG ENTERPRISE SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 021A00018062

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	SG Careronsa	Services LCC ited Liability Company	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kicole Pa		
		Name of Person	
		Firm/Company	
	5800 N. De	ear Rd	
	_	Address	
	Drlandy H	S2817 City/State and Zip Code	
	admin @ Co	G Orlando. Com	(D)
For further information of	concerning this matter, please ca		
Vicole 4	der_	at (<u>407</u>) 879-2 Area Code Daviime	2399 e Telephone Number
Name C	n Person	Area Code Payana	The reception of National States
Enclosed is a check for t	he following amount:		25
\$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 Addre		Street Address:	
Registration Division of C		Registration Sec Division of Cor	

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1,	torida ismined E	ability Company)				
The Articles of Organization for this Limited Liabi		were filed on _	4/12/	2021	_ and as:	signed
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	<u>e limited liabi</u>	lity company h	<u>ere</u> :			
The new name must be distinguishable and contain the words	s "Limited Liabili	ty Company," the	designation "Ll	.C" or the abbre	viation "L	.L.C."
Enter new principal offices address, if applicable	e:					
(Principal office address MUST BE A STREET A	(DDRESS)					
Enter now mailing address if applicables				(Z)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	V A			<u>.</u>		- (;) -
(Maning dadress MAT BE A FOST OFFICE BO.	.1/		.		•	
B. If amending the registered agent and/or regis	stared affice a	ddraes an aur	racards ants	er the name é	if the ne	w rogistoro
agent and/or the new registered office address h	<u>ere</u> :				-·	. registeree
Name of New Registered Agent:	1	Vicole fo	eor		:	,
New Registered Office Address:	5800	Vicole Par N- Doar	n Rd orida street addr	ess		
	Orland	n i o		lorida <u>3</u> 2	817	

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.

f 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>	<u>Name</u>	Address	Type of Action
AMBR	Nicole Paez	5700 N. Dean Rd.	□ Add
		5700 N. Dean Rd. Orlando, 71 32817	□Remove
			Gehange
			□Add
			Remove
			□Change
			🗀 Add
		<i>(</i>)	□Remove
			□ Change
			
			□Change
			□Add
			□Remove
			□Change
		-	□Add
		·	□Remove
			□ Chango

. If amending any other information, enter change(s) here: (Attac.	h additional sheets, if necessary.)	
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		•
	1: 21	
. Effective date, if other than the date of filing:	(optional)	
. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursua story filing requirements, this date will no	nt to 605.0207 (3) t be listed as the
the record specifies a delayed effective date, but not an effective time, at 12 cord is filed.	:01 a.m. on the earlier of: (b) The 90th of	day after the
Dated June 15 2027		
Signature of a member or authorized repr	esentative of a member	
Vicole Paer		