Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone : (561)214-8442 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PSILOS LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

company has been notified in writing of this change.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PSILOS LLC			
(Name of the Limited Liability Compan (A Florido Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company vi Florida document number L21000201680	were filed on <u>04/30/2021</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)			<u>=</u>
	***************************************	<u> </u>	SE 3S
			10K
Enter new mailing address, if applicable:	+		유두
(Mailing address MAY BE A POST OFFICE BOX)			
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	1.1	name of the new redister	, ZZZ
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the	· name of the new 1223ct	SNO
Name of New Registered Agent:			•
New Registered Office Address:			-
	Enter Florida street address		
	, Flori	da	-
	C.,,	24, 6.00	
New Registered Agent's Signature, if changing Registered Agent:			. l
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my aunes, and provided for in Chapter 605, F.3	S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

dottoop signature verification: $\partial \Omega_{\rm eff} \approx \partial \Omega_{\rm eff} \approx 2\pi e^{\frac{1}{2} 2\pi e^{\frac{1}{2}}}$

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

→ 18506176383

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Gerard Lopez Fojaca	625 Poinciana Drive	
	AMBR Gerard Lopez Fojaca 62	Fort Luaderdale, FL 33301	□Remove
			■ Change
			□Add
			□Remove
			□ Change
			SECRE IVISION 24 JUI
			, OT
			OF STA
			Charga: 18
			□Remove
			☐ Change
			①Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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record specifies a delayed effecti Lis filed.	ve date, but not an el	ffective time, at 12:0	I a.m. on the earlier of	(h) The 90th day afto	rthe
July 12th		21			
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Gerardo.	Copies Frieca	[VPE]23F 1070 0 PP			