L21000241545

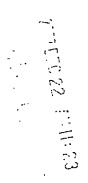
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COVER LETTER

Registration Section Division of Corporations

TO:

enn mer.	PS CC	ONSULTING GROUP LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Sonia Becerra		
	Name of Person			
Swyft Filings				
		3 Greenway Plaza #1320		
		Address		
		Houston, TX 77046		
		City/State and Zip Code		
	·	sproul2@gmail.com to be used for future annual report not		
For further information c	encerning this matter, please c	·	incation)	
	-			
Sonia Bo Name o	f Person	at (<u>877</u>) 777-6	0450 ne Telephone Number	
		,	·	
Enclosed is a check for the	he following amount:			
№ \$25.00 Filing Fee	S30.00 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 Addres Registration 9		Street Address: Registration Se	ection	
Division of C	Corporations	Division of Co	rporations	
P.O. Box 632 Tallahassee, l		The Centre of ' 2415 N. Monro	Lallahassee De Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PS CONSULTING GROUP LLC

	(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears lited Liability Company)	on our records.)	
The Articles of Organization Florida document number _	for this Limited Liability Comp L21000291545	pany were filed on	06/23/2021	and assigned
This amendment is submitte	d to amend the following:			
A. If amending name, ente	er the new name of the limited	liability company her	<u>e</u> :	
The new name must be distinguish	hable and contain the words "Limited I	Liability Company," the des	ignation "LLC" or the abl	previation "L.L.C."
Enter new principal offices	address, if applicable:			(1.2.) (3.1.)
(Principal office address M	UST BE A STREET ADDRESS	<u> </u>		B
				- E3
				2-3
Enter new mailing address	, if applicable:			• •
(Mailing address MAY BE)				
				در.
Name of New Registered Of	stered Agent:	ice address on our rec	ords, <u>enter the name</u>	of the new registere
New Registered Of	noe Address.	Enter Floride	street address	
		, Florida		
		City	,	Zip Code
New Registered Agent's Signs	nture, if changing Registered Age	ent:		
provisions of all statutes re accept the obligations of my	ment as registered agent and a lative to the proper and compl y position as registered agent of a change in the registered off in writing of this change.	lete performance of m as provided for in Cha	y duties, and I am fa apter 605, F.S. Or, i	miliar with and f this document is
	X 110	hanging Registered Agent	, Signature of New Regi	stered 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	Phil N Sproul	9423 PIACERE WAY	XiAdd
		NAPLES, FL 34113	Remove
			Change
			DAdd
			Remove
			Change
			☐ Change
			⊐Remove
			□Change
			□Add
			Remove
			☐ Change
			□Add
			□ Rcmovc
			Change
			🖸 Add
			□ Remove
			□ Change

	
ive date, if other than the date of filing: [ective date is listed, the date must be specific and cannot be prior to do If the date inserted in this block does not meet the applicable	(optional) ate of filing or more than 90 days after filing.) Pursuant to 60 e statutory filing requirements, this date will not be lis
nent's effective date on the Department of State's records.	
rd specifies a delayed effective date, but not an effective time, iled.	at 12:01 a.m. on the earlier of: (b) The 90th day after
X Paulette Sproul Signature of a member or authorize Paulette Sproul Typed or printed no	

Filing Fee: \$25.00