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\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

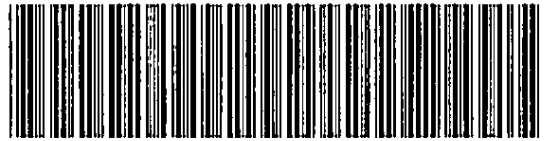
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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12/22/22--01008--005 \*\*25.00

12/22/22 11:11:23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PS CONSULTING GROUP 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:

Sonia Becerra  
Name of Person  
Swyft Filings  
Firm/Company  
3 Greenway Plaza #1320  
Address  
Houston, TX 77046  
City/State and Zip Code  
psproul2@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonia Becerra at ( 877 ) 777-0450  
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

## PS CONSULTING GROUP LLC

**X** If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

1992-02-22

(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)

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.

X Paullette Spradl  
Signature of a member or authorized representative of a member

Paulette Sproul.  
Typed or printed name of signer

**Filing Fee: \$25.00**