

h21000410700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

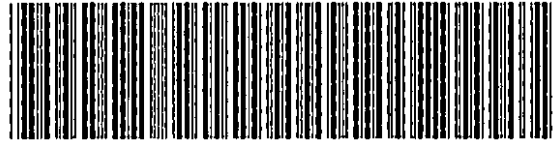
(Business Entity Name)

(Document Number)

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10/15/21--01025--012 **25.00

2021 OCT 15 AM 11:15
TALLAHASSEE, FL

PRICE
OCT 31 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CSI OF PSL 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:

Cristian Rodriguez

Name of Person

CSI OF PSL LLC

Firm/Company

750 NW Enterprise Drive 106

Address

Port St Lucie, FL 34986

City/State and Zip Code

cdrs20@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristian Rodriguez

561 262-6782
at ()

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

FILED
TALLAHASSEE, FL
OCT 15 2021

2021 OCT 15 AM 11:16

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CSI OF PSL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/16/2021 and assigned
Florida document number L21000410700.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Boris Jofre	750 Enterprise Drive 106	<input type="checkbox"/> Add
		Port St Lucie , FL 34986	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2016 OCT 5 AM 11:16
TALLAHASSEE, FL
COUNTY CLERK

FILED

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-11-2010 BY 60322
UCBAW/STP/STP

2021 OCT 15 AM 11:16
TALLAHASSEE, FL

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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.

2021

Signature of a member or authorized representative of a member

Cristian Rodriguez

Typed or printed name of signee

Filing Fee: \$25.00