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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of C	Corporations					
	PSL LLC					
SUBJECT	Name of Limi	ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.				
	Cristian Rodriguez					
		Name of Person				
	CSI OF PSL LLC					
		Firm/Company				
	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 edrs20@hotmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: ristian Rodriguez Name of Person Name of Person Area Code Daytime Telephone Number of Status Certified Copy Certificate of Status Certified Copy Certific Copy Certificate of Status Mailing Address: Street Address:					
		Address				
	Port St Lucie, FL 34986					
		City/State and Zip Code			~ 1	
	•	to be used for future annual report position	ition)	₹.	2021 653	
For further information		•	won,		— ·	1
Cristian Rodriguez					OT Te	· · · · · · · · · · · · · · · · · · ·
Nam	e of Person	Area Code Daytime T	elephone Number	(1) 1	Fr 11: 16	4 mg/
Enclosed is a check fo	r the following amount:			·	Ŭ.	
■ \$25.00 Filing Fee		Certified Copy	S60.00 Filir Certificate Certified C (additional co	of Status lopy		
Mailing Add	ress:	Street Address: Registration Secti	on			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Registration Section

TO:

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

CSI OF PSL LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000410700</u>	were filed on 09/16/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	•
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" of	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>: 28</u>
(Principal office address MUST BE A STREET ADDRESS)		76. 8 T
		# · · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	nner r ioriaa sireei aadress	
	, Flori	da
	Cuy	zip com

New Registered Agent's Signature, if changing Registered Agent:

COLOR DOLLLO

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>	Name	<u>Address</u>	Type of Action
AMBR	Boris Jofre	750 Enterprise Drive 106	
		Port St Lucie , FL 34986	■Remove
			Change
			□Add
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Effective date, if other than the date of filing: (optional) (a) (optional) (optional) (a) (a) (a) (a) (a) (b) (a) (b) (b							
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Signature of a member or authorized representative of a member	October 14	<u> </u>	2021		7		
	ateu	(3)	7 _				

Filing Fee: \$25.00