

4/14/23, 3:33 PM

Division of Corporations

**L22000038808**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : JORGE L. GURIAN P.A.  
Account Number : 120010000123  
Phone : (305)931-0541  
Fax Number : (305)931-0568

\*\*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  
PSG 1809 COMPANY LLC**

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**M. SOLOMON,**  
**APR 17 2023**

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PSG 1809 COMPANY 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:

JORGE L. GURIAN, ESQ.

Name of Person

JORGE L. GURIAN, PA.

Firm/Company

2600 S DOUGLAS RD, SUITE 607

Address

CORAL GABLES, FL 33134

City/State and Zip Code

JGURIAN@GURIANLAW.COM

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

2023 APR 14 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FL 32303

FILED

For further information concerning this matter, please call:

JORGE L. GURIAN, ESQ.

305 931-0541  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PSG 1809 COMPANY 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 JANUARY 20, 2022 and assigned  
Florida document number L22000038808.

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*

City, Florida 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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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>
MGR	Luis Fernando Pietra Santa y Cabre	2600 S Douglas Rd. Suite 607	<input type="checkbox"/> Add
		Coral Gables, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lilia Garcia de Pietra Santa	2600 S Douglas Rd. Suite 607	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE OF FLORIDA  
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