## 422000145594

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## **COVER LETTER**

Division of Corporations
SUBJECT: 1PSUM AMO, 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:
Fatirrah M Hasan
psum Amo, LLC Firm/Company
1418 Elsa Golle Ln Address
Valrico, Fl. 33594
Varico Fl. 33594  City/State and Zip Code  Fatimah. 8 Dicloud - com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fatimah M Hasan at (347) 830-5019  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25,00 Filing Fee □ \$30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

2

I psum Am	D. LLC		PI APR
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on ounited Liability Company)	er records.)	FILED PR 28 A
The Articles of Organization for this Limited Liability Complete Florida document number 122000145594.	pany were filed on3 - 1	19.22	and assigned 9: 05
This amendment is submitted to amend the following:			1.4
A. If amending name, enter the new name of the limited	l liability company here:		
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRES)		ion "LLC" or the abbro	viation "L.L.C."
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records	s, enter the name o	of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	et address	
	<u></u>	, Florida	7.01
	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Fatimah M Hasan	1418 Elsa Galeln	🗹 Add
		Valrico, Fl 33594	□Remove
			□Change
AMBR	Fatimah M Hasan	1418 Elsa Gale Un	\VAdd
		Valrizo, Fl 33594	□Remove
			□Change
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If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	filing.) Pursuant to 605,0207
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) is filed.	The 90th day after the
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Dated 4.19	——————————————————————————————————————
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