

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L22000220085**

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((H23000287950 3)))



H230002879503ABC3

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To:

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

From:

Account Name : S&S ACCOUNTING SERVICES, INC.  
Account Number : 120190000091  
Phone : (786)212-0491  
Fax Number : (305)454-6657

**\*\*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**

**PSF OLEANDER, LLC**

Certificate of Status	0
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Page Count	01
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AUG 20 2023

K. Brumblay

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

PSF OLEANDER, 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 05/10/2022 and assigned  
Florida document number L22000220085.

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:

LUIS MAGGI

New Registered Office Address:

7850 NW 146TH ST SUITE 501

*Enter Florida street address*

MIAMI LAKES

*City*

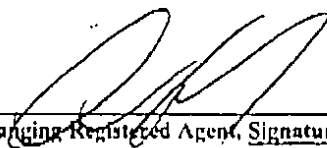
Florida

33016

*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	HOSMEDICA, INC	8917 Western Way	<input checked="" type="checkbox"/> Add
		Ste 8A	<input type="checkbox"/> Remove
		Jacksonville, FL 32256	<input type="checkbox"/> Change
AMBR	VASS GROUP LLC	1825 Main Street STE 24	<input checked="" type="checkbox"/> Add
		Weston, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TGA 1101 INVESTMENTS, LLC	10470 NW 26TH ST	<input checked="" type="checkbox"/> Add
		Suite B	<input type="checkbox"/> Remove
		DORAL, FL 33172	<input type="checkbox"/> Change
AMBR	292 OLEANDER OAKS, LLC	8200 NW 41ST STREET	<input checked="" type="checkbox"/> Add
		SUITE 270	<input type="checkbox"/> Remove
		DORAL, FL 33166	<input type="checkbox"/> Change
AMBR	CASPER 1983 LLC	5930 NW 99 AVE	<input checked="" type="checkbox"/> Add
		UNIT 9	<input type="checkbox"/> Remove
		DORAL, FL 33175	<input type="checkbox"/> Change
AMBR	J30 CAPITAL LLC	936 SW 1ST AVE	<input checked="" type="checkbox"/> Add
		892	<input type="checkbox"/> Remove
		MIAMI LAKES, FL 33130	<input type="checkbox"/> Change

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>
<u>AMBR</u>	<u>BV INVESTMENTS COMPANY FL LLC</u>	<u>8200 NW 41ST STREET SUITE 200-70</u>	<input checked="" type="checkbox"/> Add
		<u>DORAL, FL 33166</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>LMMV INVESTMENTS LLC</u>	<u>7850 NW 146TH ST SUITE 501</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FL 33016</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>JBI CAPITAL, LLC</u>	<u>7850 NW 146TH ST SUITE 501</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI LAKES, FL 33016</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>SERIMAR GLOBAL INVESTMENTS, CORP.</u>	<u>2127 BRICKELL AVE STE 2505</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FL 33129</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated AUGUST 18TH 2023

Signature of a member or authorized representative of a member

LUIS MAGGI

Typed or printed name of signee

**Filing Fee: \$25.00**