# L220021211

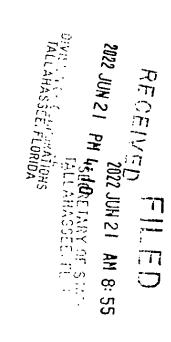
(Requestor's Name)	
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
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## **WALK IN**

	CERTIFIED COPY	
X	РНОТОСОРУ	
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#### **COVER LETTER**

	ration Section on of Corporations
A CUB LECT.	LLSTATE PSP ACQUISITION, LLC
SUBJECT: _	Name of Limited Liability Company
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.
Please return al	correspondence concerning this matter to the following:
	ROBERT SALTSMAN
Division of Corporations  ALLSTATE PSP ACQUISITION, 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:	
	ROBERT P. SALTSMAN, P.A.
	Firm/Company
	P.O. BOX 2146
	Address
	WINTER PARK, FL 32790
	_
For further info	
ROBERT SAL	
Enclosed is a cl	neck for the following amount:
<b>≡ \$25.00</b> Fili	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy
	<u>Street Address:</u> tration Section  Section  Street Address: Registration Section

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ALLSTATE PSP ACQUISITION, 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 Florida document number L22000272177	were filed on 6/14/2022	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 Liabi	lity Company," the designation "LLC" or t	he 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 agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		<del> </del>
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 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>	Address	Type of Action
<u>MGR</u>	SCOTT WALLSMITH	5284 PATCH ROAD	□ Add
		ORLANDO, FL 32822	■Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
MMGR	WALLSMITH HOLDINGS, INC.	10451 WOODWARD WINDS DR	<b>=</b> Add
		ORLANDO, FL 32827	□ Remove
			□Remove
		<del></del>	□Change
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			
			□Remove
			□ Change

Effective date, if other than the date of filing:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.  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 a	<del>_</del>
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Dated	
55W-	_
Signature of a member or authorized representative of a member	
SCOTT WALLSMITH  Typed or printed name of signee	