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COVER LETTER

Presser Advisory Group SUBJECT:					
	Name of Lin	nited Liability Company			
The enclosed Artic	eles of Amendment and fee(s) are sul	omitted for filing.			
Please return all co	orrespondence concerning this matter	to the following:			
	John Presser				
		Name of Person			
	Presser Advisory Group, I	LLC			
		Firm/Company	 		
	150 North River Drive				
		Address			
	St. Augustine. FL 32095				
		City/State and Zip Code			
	johnmpresser@gmail.com				
		(to be used for future annual report notifi	cation)		
For further informa	ation concerning this matter, please of	call:			
John Presser		203 885-2225 at ()			
1	Name of Person	Area Code Daytime	Telephone Number		
Enclosed is a chect	k for the following amount:				
☐ \$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing A	Address:	Street Address:			

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

Registration Section.
Division of Corporations

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

Presser Advisory Group, 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 February 1, 2023 __ and assigned Florida document number <u>L23000060041</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Presser Group, LLC 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 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>	Name	Address	Type of Action
			□Add
			□ Remove
			□ Change
			□Add
			□ Remove
			Change
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			□Add
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			□ Change

Effective date, if other than the date of filing: 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 605.028. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 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 after the rol is filed. Dated July 17 2023 Signature of a member or authorized representative of a member		
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Filing Fee: \$25.00