Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000143456 3)))



H230001434583ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Pax Number ; (8

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future?

Email Ad	ldress:					
----------	---------	--	--	--	--	--

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PSO RESIDENTIAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

. SOLOMON

APR 18 2023

2023 APR | 7 PK |2:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PSO RESIDENTIAL, LLC			
(Name of the Limited Liai (A Flor	bility Company as it now appears on our recordida Limited Liability Company)	ds.)	
The Articles of Organization for this Limited Liability Company were filed on and assigne			
Florida document number L23000169366	<del>.</del>		
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the h	imited liability company here:		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)	2022	
		APR	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAX BE A POST OFFICE BOX)	<del></del>		
		<u>54 75</u>	
70 77 19 19 19 19 19 19 19 19 19 19 19 19 19	4 .60	5m U	
B. If amending the registered agent and/or registe agent and/or the new registered office address here		T the hame of the dew registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addr	en	
	, F	· lorida	
	Ciny	Zip Code	
New Registered Agent's Signature, if changing Register	ered 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
MBR	OLESIEWICZ, PETER	2101 W COMMERCIAL BLVD, SUITE 4800	□Add
		FORT LAUDERDALE, FL 33309	□Remove
			B Change
			□ Add
			Change
			□Add
			2023 PR
			Change
			PH 12: 5
			S S S S S S S S S S S S S S S S S S S
			□ Change
			(
			□Remove
			[] Change
			□ Add
			□Remove

,				
		<u>,                                      </u>		
		#1	2023	
		46	2023 APR	-
		152	7	3
		파 <u>유</u>	P# 12:	į
		- 97 <u>7</u>	12: 5	•
			7	
Nate	(optional) frective date; if other than the date of filing:  frective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur If the date inserted in this block does not treet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records.	suant to 605 not be list	5,0207 (3) od as the	(b) ?
If the rec record is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 filed.	th day afte	r the	
	d <u>04/17</u> , <u>2023</u>			
Date	<b>∽</b>			

Typed or printed name of signee