L23000397690

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(Address)
(Address)
(City/State/Zip/Phone #)
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OCT 4 S. PRATHER



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 23, 2024

BROKE BOYS CLUB ALICIA BAMBERRY 9923 NW 41ST ST SUNRISE, FL 33351

SUBJECT: PSALMS BLVD Ref. Number: W24000106190



Letter Number: 224A00016098

We have received your document for PSALMS BLVD and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

www.sunbiz.org

COVER LETTER

	istration Section ision of Corporations
SUBJECT:	Psalms Blvd LLC
SOBJECT.	Name of Limited Liability Company
The enclose	Articles of Amendment and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	Alicia Bamberry Name of Person
	Firm/Company
	9923 NW 41 ST ST Address
	Sunrise /FL /33351 City/State and Zip Code
	Abamberry @gmail. Com E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
Alia	Name of Person at (954) 504-0162 Area Code Daytime Telephone Number
Enclosed is	check for the following amount:
\$25.00	Filing Fee \$\Bigcup \\$30.00 \text{ Filing Fee & Certificate of Status}\$\$ \text{ Certified Copy (additional copy is enclosed)}\$\$ \text{ Certified Copy (additional copy is enclosed)}\$\$
Re Di P.0	iling Address: gistration Section Vision of Corporations Division of Corporations Division of Tallahassee lahassee, 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

1203

			673
Broke B	oys Club L.L.C	·	
(Name of the Limited L (A F	iability Company as it now appears on our lorida Limited Liability Company)	records.)	. 9
·	, , , , , , , , , , , , , , , , , , , ,	• .	
The Articles of Organization for this Limited Liabil	ity Company were filed on Augus	st 23,2023 and	assigned
Florida document numberL23000397 690			.i G
This amendment is submitted to amend the followir	ng:		
A. If amending name, enter the new name of the	limited liability company here:		
Psaims Blvd L.L.C			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	on "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET A	DDRESS)		
	·		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	n		
maning dudiess MAT DE ATOST OFFICE BOX	<u></u>		
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or regis	tered office address on our records	enter the name of the	new register
agent and/or the new registered office address he		, circi the name of the	new register
Name of New Registered Agent:			
		 ·	
New Registered Office Address:	Power Florida		
	Enter Florida stree	A adaress	
_		, Florida	
	City	Zip Co	ode

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
			□Add
			□ Remove
		-	Change
			□Add
			Remove
			□Change
			□Add
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	the date of filin			(optio	nal)	
lote: If the date inserted in this	s block does not r	meet the applicab	date of filing or more le statutory filing	e than 90 days after f requirements, this	iling.) Pursuant to date will not be	605.0207 listed as
lote: If the date inserted in this ocument's effective date on the record specifies a delayed effe	s block does not r e Department of S	neet the applicab State's records.	de statutory filing	requirements, this	date will not be l	listed as
lote: If the date inserted in this ocument's effective date on the record specifies a delayed effective distribution.	s block does not re Department of S	neet the applicab State's records.	de statutory filing	requirements, this	date will not be l	listed as
Note: If the date inserted in this locument's effective date on the record specifics a delayed effect is filed.	s block does not re Department of S	meet the applicab State's records. t an effective tim	e, at 12:01 a.m. or	requirements, this	date will not be l	listed as
Iffective date, if other than an effective date is listed, the date Note: If the date inserted in this locument's effective date on the record specifies a delayed effect is filed. Dated	s block does not re Department of S	meet the applicab State's records. t an effective tim	de statutory filing	requirements, this	date will not be l	listed as

Filing Fee: \$25.00