## L23000450148

(Re	questor's Name)	
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PICK-UP	TIAW	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration So Division of Con				
	EDICAL SERVICES LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	FABIAN ACOSTA			
		Name of Person		
	LEGALNOVA LLC			
		Firm/Company		
	14331 SW 120 ST SUIT	E 101		
		Address		•
	MIAMI FLORIDA 33186			·
		City/State and Zip Code		
	ITLS@LEGALNOVA.CO			
For further information of	concerning this matter, please c	to be used for future annual report notational.	ouncation)	
FABIAN ACOSTA		+1 78659815	548	دب
Name o	f Person	Area Code Dayı	ime Telephone Number	_
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
Mailing Address Registration S		Street Address:	Continu	
Division of C		Registration S Division of C		
P.O. Box 632	27	The Centre of	Tallahassee	
Tallahassee,	FL 32314	2415 N. Moni	roe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SAPOR MEDICAL SERVICES 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		and assigned
Florida document number L23000450148			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
PSR ADVISORY LLC			
The new name must be distinguishable and contain the words "Limited Liabit	lity Company," the design	ation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	755 CRANDON BL	.VD OF.5	
(Principal office address MUST BE A STREET ADDRESS)	KEY BISCAYNE FL	LORIDA	
	33149		
Enter new mailing address, if applicable:			<del>-</del>
(Mailing address MAY BE A POST OFFICE BOX)			
(Mailing address MAY BE A POST OFFICE BOX)			
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our recor	ds, <u>enter the</u> na	ame of the new registere
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:			ame of the new registere
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our record		ame of the new registere
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	Enter Florida st	rveet address	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:		rveet address	ame of the new registere

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>	Address	Type of Action
			□Remove
		. <u>-</u> .	□ Change
			□Add
			□Remove
			Change
		<del> </del>	□Add
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ffective date, if other than the date an effective date is listed, the date must be state: If the date inserted in this block occument's effective date on the Depart	specific and cannot be priced as not meet the appli	or to date of filing or me cable statutory filing	(option or than 90 days after for than 90 days after for grequirements, this	filing.) Pursuant to 605,020
record specifies a delayed effective dat I is filed.	te, but not an effective	time, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
	2022			
OCTOBER 25TH	2023	·		
ated	·	·		
ated	nature of a member or aut	orized representative	of a member	

Filing Fee: \$25.00