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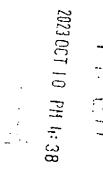
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COVER LETTER

	egistration Sectivision of Corpo		2	
	PS143, LLC			
SUBJECT	;	Name of Limi	ted Liability Company	
The enclose	ed Articles of Ar	mendment and fee(s) are subi	nitted for filing.	
Please retu	rn all correspond	dence concerning this matter t	to the following:	
		Matthew M. Shanahan		
			Name of Person	
		PS143, LLC		
			Firm/Company	
		6545 Sable Ridge Lane		
			Address	
		Naples, FL		
			City/State and Zip Code	
		34109	. <u>.</u>	
		E-mail address: ()	to be used for future annual report noti	lication)
For further	information cor	ncerning this matter, please ca	all:	
Patricia SI	nanahan		239 777-8999 at ()	
	Name of I	Person	Area Code Daytim	e Telephone Number
Enclosed i	s a check for the	following amount:		
■ \$25.00	9 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PS143, LLC		
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	is it now appears on our records.) Hity Company)	-
The Articles of Organization for this Limited Liability Company were lorida document number	re filed on 2 Oct 2023	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liability	y company here:	
he new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>.</u>	
Principal office address MUST BE A STREET ADDRESS)		
_		
Enter new mailing address, if applicable:		2023 CCT
	100000 <u></u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
-	<u> </u>	2
2. If any distance of the second agent and (an agricultured office add	lesson on a sur magarde, antar th	
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	ress on our records, <u>enter ti</u>	- ట
		. α
Name of New Registered Agent:	-	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
-	Cuv	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>	<u>Address</u>	Type of Action
MGR	Matthew M. Shanahan	6545 Sable Ridge Lane	
		Naples, FL 34109	□ Remove
AMBR	Patricia Shanahan	6545 Sable Ridge Lane	
		Naples, FL 34109	□Remove
			Change
		_	
		, <u></u>	□Remove
			Change
			□ Add
			□ Remove
			Change
			□ Remove
			□Add
			□Remove

				
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fective date, if other than the in effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	ock does not meet the applic	cable statutory filing requ	(optional) an 90 days after filing.) Pursua airements, this date will not	nt to 605.0207 t be listed as
ecord specifies a delayed effective is filed.	e date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th of	day after the
10	2023			
ted 4 Oct	,			
ited	Matthew M.	_ Shanahan		

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