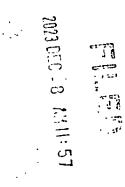
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COVER LETTER

		istration Secti sion of Corpe			
SHD IEZ	·····	HD PSL HOLDING LLC			
SUBJEC	. 1 .	Name of Limited Liability Company			
Dear Sir	or N	Iadam:			
The encle	osed	Statement of	Correction and fee(s) a	e submitted for filin	<u>ل</u> ا.
Please re	turn	all correspon	dence concerning this m	atter to the following	ā.
RICHAI	RD S	S CHIU, CPA			
-			Name of Person		_
RICHAI	RD S	S. CHIU, C.P.,	A., P.C.		
			Firm/Company		_
131 W 3	3RL	STREET, ST	TE. LIA		
Address					
NEW Y	ORF	C. NY 10001			
		City	State and Zip Code		-
dleehdps	۱@ _٤	gmail.com			
E-n	naıl	address: (to be	used for future annual	report notification)	-
For furth	er in	formation cor	neerning this matter, ple	ase call:	
RICHARD S. CHIU, CPA 212					941-8388
		Name of I	Person	Area Code	Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed	l is a	check for th	e following amount: F	ayable to: Floric	la Department of State
□\$25 Fi	ling	Fre 🗆	\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	■ \$60 Filing Fee. Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605,0209, F.S., this document is being submitted to correct a previously filed document. <u>FIRST</u>: The name of the limited liability company is: <u>HD PSL HOLDING LLC</u> The Florida Document number of the limited liability company is: 1.23000503898 SECOND: Document to be corrected is: _____ Electronic Articles of Organization For Florida Limited Liability Company THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected Ø statement are as follows: There were typos in Article II and Article III. The street address of the principal office AND the mailing address of the Limited Liability Company (Art.II) AND the Florida street address of the registered agent (Art. III) should be: 265 S FEDERAL HIGHWAY SUITE 164 DEERFIELD BEACH, FL. 33441 OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR The electronic transmission of the record was defective. Signature of Authorized Representative Date Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). New Registered Agent's Signature, if changing Registered Agent: Thereby 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. Registered Agent's Signature Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)