

LO96000TSY88

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

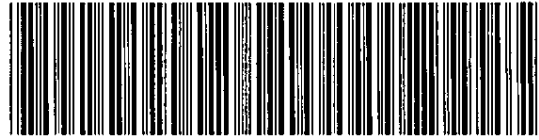
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF CONSUMER PROTECTION

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TALLAHASSEE, FLORIDA

J. Shivers JAN 22 2013

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 01/21/14

REF. #: 9026341

CORP. NAME: PHOENICIA TOURS & TRANSFERS, LLC

- | | | |
|---------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------|
| <input checked="" type="checkbox"/> ARTICLES OF INCORPORATION | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input checked="" type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 10000579 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Phoenicia Tours & Transfers, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen L. Skipper
Name of Person

Firm/Company

7491 Conroy Windermere Rd, Suite G
Address

Orlando, FL 32835
City/State and Zip Code

s.l.skipper@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Skipper at **(407) 521-0770**
Name of Person Area Code Daytime Telephone Number

SECRET
TALLAHASSEE, FLORIDA
16 APR 21 PM 10:52
11

Enclosed is a check for the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
OF
ARTICLES OF ORGANIZATION
OF

Phoenicia Tours & Transfers, LLC
a Florida limited liability company

The Articles of Organization of this limited were filed on April 13, 2009 and were assigned document number L09000035489.

This amendment is submitted to amend the following:

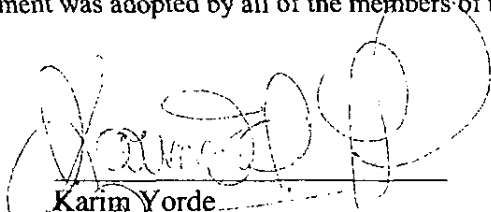
1. The manager(s) of the Company is/are hereby amended as follows:

Add Manager (MGR)
Said Yorde
7575 Dr Phillips Blvd, Suite 335
Orlando, FL 32819

This amendment shall be effective upon filing.

The amendment was adopted by all of the members of the Company.

Signature:


Karim Yorde
Member and Manager

Dated:

JAN/17th/2014

SECRET
TALLAHASSEE, FLORIDA

14 JAN 21 11:10:02

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