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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

J. Shivers JAN 1 2 2015

COVER LETTER'

TO: Registration Section Division of Corporations
SUBJECT: Philbrick Investgation 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:
Michael E Philbrick
Philbrick Investion LLC
413 Pelicon Back Dr
Daytona Beach F1 32119
Pelic W 16 E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael E Philbrick at (38b) 871-4920 Name of Person Name of Person Name of Person Name of Person
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 4-30-2014 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address			•	Type of Action	<u>on</u>
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D.	If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•	•
		
		
I.	Effective	e date, if other than the date of filing: (optional)
1	The effecti the date th	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
		12/22/ 2014
	Dated	(2/23)
		Mill E. Chill
		Signature of a member or authorized representative of a member
		Michael E. Philbrick
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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