

L17000072903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

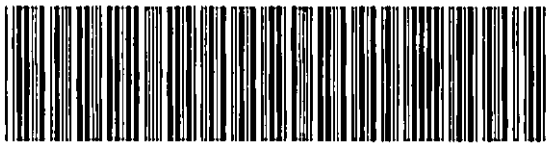
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PHOENIX BUSINESS DEVELOPMENT 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:

Peter Berkman, Esq.
Name of Person
Firm/Company
18865 State Road 54, #110
Address
Lutz, FL 33558
City/State and Zip Code
peter@peterberkmanlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Berkman, Esq. at (305) 677-3993
Name of Person Area Code Daytime Telephone Number

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PHOENIX BUSINESS DEVELOPMENT 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 March 31, 2017 and assigned Florida document number L17000072903.

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 contain the words "Limited Liability Company," the designation "L.L.C." 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
_____ *City* _____ *Zip Code*

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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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	William J. Reilly	18865 State Road 54, #110	<input checked="" type="checkbox"/> Add
		Lutz, FL 33558	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 10, 2017



Signature of a member or authorized representative of a member

PETER BERKMAN, ESQ.

Typed or printed name of signee

Return to:
Peter Berkman, Attorney PLLC 18865
State Rd 54 # 110
Lutz, FL 33558

PARTIAL RELEASE OF MORTGAGE

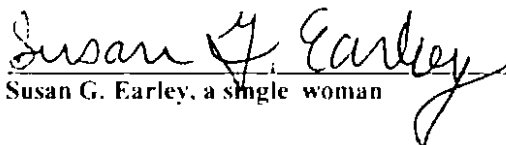
FOR VALUE RECEIVED, **Susan G. Earley, a single woman**, the owner and holder of a certain mortgage deed in the amount of \$ 500,000.00 executed by **Southeast Property Acquisitions, LLC, a Delaware Limited Liability Company**, to **Susan G. Earley, a single woman (60% participant) and Richard Leslie DeLand and Penny Elaine DeLand (40% participant)** dated 8/23/2016, and recorded in Official Records Book 24326, Page 705, of the Public Records of **Hillsborough County, Florida**, hereby discharges from said mortgage the following:

**307 E HANLON ST, TAMPA, HILLSBOROUGH, FL PID A1009851136
OAKS AT RIVERVIEW LOT 17 BLOCK 2**

In all other aspects said mortgage shall remain in full force and effect.

Witness my/our hand(s) and seal(s), on **July 10, 2017**

Signed, sealed and delivered in our presence:


Susan G. Earley, a single woman

STATE OF FLORIDA
COUNTY OF PASCO

The foregoing instrument was acknowledged before me on this day of July, 2017 by **Susan G. Earley, a single woman**, being personally known to me or having produced a Driver's license(s) as identification.

[Notary Seal]

Notary Public

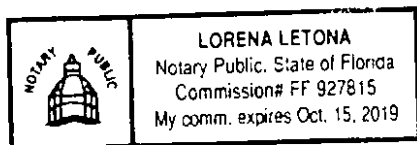


Printed Name:

LORENA LETONA

My Commission Expires:

Oct. 15, 2019



The above documents may be executed in counterparts.