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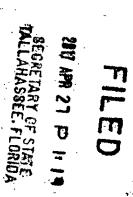
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|----------|
| SUBJECT: PHOENICIA 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: | |
| Deni Davis Name of Person | |
| PHOENICIA DEVELOPMENT, LLC Finn/Company | |
| 7932 W. SANDLAKE ROL. H102 | |
| Orlando, FL. 32819 City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | ;;;; |
| Deni Davis at (40) 276-8888 X 100 37 Area Code Daytime Telephone Number 38 | ! |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\ (additional copy is enclose | |

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

| Phoenicia Devel | -opment, LLC | |
|--|---|---------------------------------------|
| (<u>Name of the Limited L</u> (A F | iability Company as it now appears on ou lorida Limited Liability Company) | r records.) |
| The Articles of Organization for this Limited Liabil Florida document number <u>L0300033</u> | ity Company were filed on <u>6/13</u> 151. | do3 and assigned |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the | e limited liability company here: | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designati | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | | |
| (Principal office address MUST BE A STREET A | DDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) | | SEGRETAL 2 |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our | records, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida stre | et address |
| _ | | , Florida |
| | City | 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

| MGR = M $AMBR = A$ | lanager uthorized Member | | |
|--------------------|-----------------------------|-------------------------|-----|
| <u>Title</u> | <u>Name</u> | Address Type of Action | |
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Filing Fee: \$25.00