L03000022151

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800352096518

09/18/20--01008--022 **50.00

OCT 27 2020

COVER LETTER

Э:

Registration Section

Tallahassee, FL 32314

Division of Corporations Phoenicia Development, LLC JBJECT: Name of Limited Liability Company ne enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: John T. Ankner, Esq. Name of Person Saunders and Ankner Attorneys Firm/Company 7232 W Sand Lake Road, Suite 202 Address Orlando, FL 32819 City/State and Zip Code john@lawsaunders.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: 319-0459 ohn T. Ankner, Esq. Daytime Telephone Number Name of Person nclosed is a check for the following amount: □ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & S25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia	pility Company as it now appears on our records.) ida Limited Liability Company)
he Articles of Organization for this Limited Liabilit lorida document number <u>L03000022151</u>	Company were filed on June 13, 2003 and assigned
his amendment is submitted to amend the following	
. If amending name, enter the new name of the	imited liability company here:
he new name must be distinguishable and contain the words	.imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
<u> Principal office address MUST BE A STREET AL</u>	DRESS)
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>	
3. If amending the registered agent and/or regist gent and/or the new registered office address he	red office address on our records, <u>enter the name of the new regi</u> e <u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	
New Registered Agent's Signature, if changing Regis	·
hereby accept the appointment as registered ag provisions of all statutes relative to the proper an accept the obligations of my position as registere	ent and agree to act in this capacity. I further agree to comply wid d complete performance of my duties, and I am familiar with and I agent as provided for in Chapter 605, F.S. Or, if this document tered office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

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

IGR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
.MBR	Paul JeBailty	3700 34th Street, Suite 300	
		Orlando, FL 32805	=Remove
			□ Change
AGR	Raquel JeBailey	3700 34th Street, Suite 300	= Add
		Orlando, FI. 32805	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			□Change

	, enter change(s) here: (Attach additional sheets, if necessary.)	
 		
ective date, if other than the date is effective date is listed, the date must be stee. If the date inserted in this block cument's effective date on the Depart	te of filing:	1207 i as t
cord specifies a delayed effective dat s filed.	te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
September 2	2020	
	nature of member or anhorized representative of a member	