L05000098067			
(Requestor's Name) (Address)			
(Address)	400163356694 12/07/0901070008 **25.00		
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)	TER S T		
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DEC <u>8 2009</u>

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I.

		COVER LETTER	63
".TO: A Registration Division of C	Section forporations		
SUBJECT:	FINANCIAL GROW	TH MANAGEMEN	r, LLC
•	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
		ADRIEN BRAND	<u></u>
		Name of Person	
	BRA	ND TAX GROUP, PLL	<u> </u>
		Firm/Company	
		PO BOX 18726	
		Address	
		TAMPA, FL 33679	
		City/State and Zip Codo	
	E-mail address; (orand@accell-us.com	notification)
For further information	n concerning this matter, please c	aD:	
	Adrien Brand	at (813)	254-2727
		01 (/	
	c of Person		nytime Telephone Number
Natu			nytime Telephone Number
Natu	c of Person		Cortificate of Status &
Nam Enclosed is a check fo S25.00 Filing Fee MAI	c of Person r the following amount: S30.00 Filing Fee & Certificate of Status HLING ADDRESS:	Area Code & Di \$55.00 Filing Fee & Certified Copy (additional copy is encl STREET/CO	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose OURTER ADDRESS:
Nam Enclosed is a check fo S25.00 Filing Fee MAI Regi	c of Person r the following amount: S30.00 Filing Fee & Certificate of Status LLING ADDRESS: istration Section	Area Code & Di 555.00 Filing Fee & Certified Copy (additional copy is encl STREET/CO Registration S	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose URIER ADDRESS: Section
Nam Enclosed is a check fo S25.00 Filing Fee MAI Regi Divi P.O.	c of Person r the following amount: S30.00 Filing Fee & Certificate of Status HLING ADDRESS:	Area Code & Di Area Code & Di 555.00 Filing Fee & Certified Copy (additional copy is encl STREET/CO Registration S Division of Co Clifton Buildi	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose URTER ADDRESS: Section Orporations

DEC-3-2009 12:42P FROM: PAPJT W-G

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FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE

2009 DEC -7 PM da 1.7

	ANAGEMEN	NT, LLC	TALLAHASSEE. FLORID
(Name of the Limited Liability Company (A Florida Limited Lia	ALI UNIX SDDEATS	on our records.)	
The Articles of Organization for this Limited Liability Company w	vere filed on	10/05/2005	and assigned
Florida document number L05000098067			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity company here:	1	
PHONE XP	6, LLC		
The new name must be distinguishable and end with the words "Limite" "L.L.C."	d Liability Company	y," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(<u>Principal office address MUST BE A STREET ADDRESS)</u>	<u> </u>		<u></u>
	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	- <u></u>		
			, , , , , , , , , , , , , , , , , , ,
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:		r records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r Florida street a	ddress
		Florido	

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 608, 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, Structure of New Registered Agent

Page 1 of 2

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If smending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

'MGRM = Managing Member

. <u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add
			Add Remove
	- <u></u>		Add Remove
			Add
D. if amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necess	sary.)
	•		
Dated	1) Warre Ht	 	11.
-	Signature of a member	Ar authorized representative of a member	FC 3 TI
-		N HUGHES, MANAGER	FILE
	Typed o	or printed name of signce	
	Fi	Page 2 of 2 ling Fee: \$25.00	PH THE
			ATE