## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 : (850)205-8842 Phone Fax Number : (850)878-5368

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4/15/2016

## **COVER LETTER**

то:	Registration Secti Division of Corpo			
SUBJE	PHD @ MYR	TLE BEACH, LLC		
30000	C1;	Name of Limi	ted Liability Company	
The enc	losed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please n	eturn all correspond	ence concerning this matter t	o the following:	
		Kimber	Name of Person	
			0	
			Firm/Company	
		3930	Lax Place	
		Boynto	Beach, F	C 33436
		E-mail address: (to	n be used for future annual report not	Iffcation)
For furt	ner Information cond	erning this matter, please ca	II:	
4	HMberly Name of F	1 Hill	at (S6) 742 Area Code Daytin	-9290 ne Telephone Number
Enclosed	d is a check for the f	ollowing 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 (odditional copy is enclosed

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 4/15/2016 1:30:39 PM From: To: 8506176383( 3/5 )

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

PHD @ Myrile Beach, LLC		
(Name of the Limited )	Liability Company as it now appears on our Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liab	ility Company were filed on 12/01/200	o6 and assigned
Florida document number L06000115127		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
Interface Myrtle Beach, LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designati	on "LLC" or the abbreviation "1.,1.,C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Catanana and Maradahara (Paus Nakhara		
Enter new mailing address, if applicable:		*
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our e address here:	records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	el address
<del>.</del>		, Florida Zip Code
	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.

			<u> </u>	
If Changing Registered	Agent, Signatur	e of New R	Eristere	d Agent
	,	Em	£PR	ACCOUNTS NO. 10 P.
Page 1 of 3		ARY SSE	5	i
	-	THE STATE OF	U	D
		107A		
			22	

MGR = Manager

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

AMBR = A	Authorized Member		
Title	Name	Address	Type of Action
<del></del>			D Add
	·		☐ Remove
			D Change
	**************************************		□ Add
			□ Remove
			Change
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4/15/2016 1:30:39 PM From: To: 8506176383( 5/5 )

Signature of a momber of authorized representative of a member  Kimberly Hill  Typed or printed name of signee			
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