## L0700003635

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SECRETARY OF STATE ALLAHASSEE, FLORID

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Phenomenal Markethys 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:
Anthony Verson  (Name of Person)  Anthony Verson  (Pirm/Company)  9337 West Sample Rd. #201  (Address)  Caral Springs FL 33065  (City/State and Zip Code)
For further information concerning this matter, please call:
Authory Verward  at (954) 540-9759 750 750 750 750 750 750 750 750 750 750
Enclosed is a check for the following amount:
\$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & Scortificate 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Phenominal Mark	eting LLC
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number 407000/03635.	were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A SE T
(Principal office address MUST BE A STREET ADDRESS)	SS An
Enter new mailing address, if applicable:	P U: 0  NAME  E.FLORIBE
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:  Name of New Registered Agent:	
New Registered Office Address:	
	(Enter Florida street address)
	(City) , Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	(City) (Zip Code)
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	ete performance of my duties, and I am familiar with and covided for in Chapter 608, F.S. Or, if this document is

if amending 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> Type of Action Name **Address** Solomon Arroyo Add Remove Lengue 1 ☐ Add Remove r¶ Add Remove ☐ Add 🗖 Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) grature of a member of authorized representative of a member Anthomy Ross Verway Typedfor printed name of signee

Page 2 of 2

Filing Fee: \$25.00