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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:S	OPEING PH Name of Lim	LOENIX UC ited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspon	idence concerning this matter	to the following:	
	Leile	McUnkey Name of Person	
	The	Identitupe Ground Firm/Company Ground E. Busch BIV Address	p LC
	5470	E. Busch BIV Address	d Unit 125
	TAM	PA FL 33717 City/State and Zip Code	
	1 112	City/State and Zip Code	_
	E-mail address: (i	LEILIMOUNDLEY. Co	ation)
For further information co	ncerning this matter, please ca		·
Levi V Name of	Udenley Person	at (800) 2814 Area Code Daytime	[44] Felephone Number
Enclosed is a check for the	e following 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 (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

SOARING P	HOENIX LLC	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LO7000107766</u>	were filed on <u>OC+ Z+, 200</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The Identitype GROUP	, الد	
The new name must be distinguishable and contain the words "Limited Liab"	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	n v	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		r the name of the new
		70 P
Name of New Registered Agent:		F I
New Registered Office Address:	NA	<u> </u>
	Enter Florida street address	25
	, Florida _	Zip Code
	City	Lip 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u> </u>	□ Add
γ	(A)		□ Remove
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D., If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	·)		
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	Pursuar vill not	nt to 605 be list	5.0207 (3)(t ed as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. c b) The 90th day after the record is filed.	n the	earli	er of:
Dated March 1st, 2016			,
Signature of a member or authorized epresentative of a member			
LEILI MCKINLEY Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00