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J. BRYAN DEC - 5 2008 EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: PHA	IL AND JIM (Name of Lim	L.L. C. ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Richard 1	MICHAEL FILLINGIA (Name of Person)	m
	PHIL AND	(Firm/Company)	
	1512 CHO	WKEEBIN NENE (Address)	
		(Address)	
	TAllahasse	EE FLORIOA 3230 (City/State and Zip Code)	7
For further information	concerning this matter, please c	all:	•
Ric (Name	of Person)	at ()(Area Code & Daytime T	'elephone Number)
Enclosed is a check for t	he 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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHIL AND JIM L.C.	C. 5 1
(Name of the Limited Liability Co	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Com	npany were filed on July 21, 2008 and assigned 5
Florida document number <u>L0800069667</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
PHILE TIM LILL.	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	ed office address on our records, enter the name of the new
registered agent and/or the new registered office address	s nere:
Name of New Registered Agent:	
New Registered Office Address:	
	(Enter Florida street address)
	, Florida
<del></del>	(City) (Zin 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
<u>-</u>			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
. If amen	ding any other information, ente	er change(s) here: (Attach additional sheets, if ne	No.
			PACE OF THE PACE O
<u>-</u>			41.0
	ECEMBER 5 ,	haef Tille a member or authorized representative of a member CHACL Fillwom Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00