

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PHENIX PROPERTIES, LLC (Fictitious)
Name of Limited Liability Company *FORMERLY DOCS FILING PHENIX LLC*

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES CASQUARELLI
Name of Person

Firm/Company

28 RED OAK LANE
Address

CORTLANDT MANOR N.Y. 10567
City/State and Zip Code

TK CASQUARELLI@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES CASQUARELLI at (914) 9242110
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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

FILED
13 AUG 12 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PHENIX PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/2/2008 and assigned Florida document number 2008000083374.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

TOM MAY

New Registered Office Address:

40 Kella Williams 1208 E. Kennedy Blvd, Suite 231
Enter Florida street address

TAMPA

City

Florida

33602

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

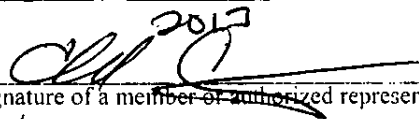
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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.

Tom May
If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

7/25/2013
July 25

2013


Signature of a member or authorized representative of a member

Charles CASQUARELLI

Typed or printed name of signee

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Filing Fee: \$25.00