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(Re	equestor's Name)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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MAR 22 2016 S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp		ň	
SUBJECT: PHI	Solutions L Name of Limi	LC / L0900	0029807
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	PE Gay	tahn Name of Person	
	PHI So	Lustions, LLC Firm/Company	TALLAHASSE TALLAHASSE
	2073 9	= Hanforeb Address	Rd 22 8863 5 8860 5 886
	Port Saint	City/State and Zip Qode	34952-88638
	peg phi E-mail address: (1	on dustrial. C	fication)
For further information co	oncerning this matter, please ca	all:	
PE 604	HAM Person	at (472) 486 Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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)
Registr	ING ADDRESS: ation Section n of Corporations	STREET/COUR Registration Section Division of Corpo	on

P.O. Box 6327

Tallahassee, FL 32314

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

TO ARTICLES OF ORGANIZATION OF

PHI Solution	ms, uc
(<u>Name of the Limited Liab</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
	y Company were filed on $3 \times 26 \cdot 2009$ and assigned
Florida document number L090005	29.807
This amendment is submitted to amend the following:	;:
A. If amending name, enter the new name of the li	imited liability company here:
NA	
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or the abbreviation; L.L.C."
Enter new principal offices address, if applicable:	三 三 三
(Principal office address MUST BE A STREET ADI	DRESS)
	<u> </u>
	5: 03
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office ac	egistered office address on our records, <u>enter the name of the address here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registe	ered 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gary Jaugharty	2073 SE Honfoes Ro. Port Saint Mai, \$1,34952	🗆 Add
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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. Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	(optional) days after filing.) Pursuant to 60: ents, this date will not be list	5.0207 (3) ted as the
the record specifies a delayed effective date, but not an effective time, at 3) The 90th day after the record is filed.	12:01 a.m. on the earli	ier of:
Dated MCWCh 17, 2016, Leggy Hahm Signature of a member or authorized representative of a member.	ar-	
Signature of a member or authorized representative of a member of		

E.

Page 3 of 3

Filing Fee: \$25.00