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COVER LETTER

TO:

Registration Section
Division of Corporations

Phoenix Grand Associates 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:

Elliott Goldberg, Esq.

Name of Person

DiGiacomo & Goldberg

Firm/Company

One E. Broward Blvd., Ste. 700

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

elliottglaw@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elliott Goldberg

_{31/}954\801**-**6266

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)

MINE OF HAILING

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

Phoenix Grand Associates, 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 04/29/200	09 and assigned
Florida document number L0900041368	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
N/A		
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	gistered office address on our reco ddress here:	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida street address
		, Florida
	City	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.

If Changing Registered Agent, Signature of New Registered Agent

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> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	Craig DeGregory	9720 SW 16th Ct.	Add
		Pembroke Pines, FL	Remove
		33025	
			Add
			Remove
			7年日
			Representation
			Represe
 			Add
			Remove
	<u></u>		Add
			Remove
			Add
			Remove

D. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	*
, 	
	
Dated May	28 2013
	M
-	Signature of a member or authorized representative of a member
	Elliott Goldberg, Esq.
-	Typed or printed name of signee

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Filing Fee: \$25.00

