

L09000115006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

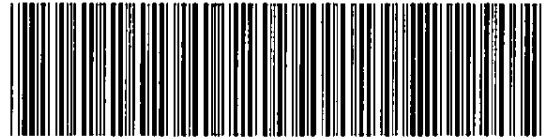
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800416751928

10/04/23--01026--006 \*\*80.00

2023 OCT -1, PM 1:24

A. PARISHANI

OCT 14 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

Phoenix Solutions National LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

2023 OCT -4 PM 1:24

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

Please return all correspondence concerning this matter to the following:

Richard Price

\_\_\_\_\_  
Name of Person

Phoenix Solutions National LLC

\_\_\_\_\_  
Firm/Company

PO Box 10864

\_\_\_\_\_  
Address

St. Petersburg, FL 33733-0864

\_\_\_\_\_  
City/State and Zip Code

intel7@tampabay.rr.com

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Price

727 501-5111

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Phoenix Solutions National LLC

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

(Filed)

The Articles of Organization for this Limited Liability Company were filed on 12/02/2009 12/03/2009 and assigned  
Florida document number 1.09000115006 (Effective)

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 contain 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)

PO Box 10864

St. Petersburg, FL 33733-0864

**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:

New Registered Office Address:

Enter Florida 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 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>	<u>Address</u>	<u>Type of Action</u>
Secretary	Twinkle Price	400 Villa Grande Ave S	<input type="checkbox"/> Add
		St. Petersburg, FL 33707	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Secretary	Staci Price-McCarthy	11823 Shire Wycliffe Ct	<input checked="" type="checkbox"/> Add
		Tampa, FL 33636	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 OCT 14 PM 1:24

23 OCT -4 PM 1:24

Typed or printed name of signee