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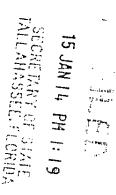
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LENWORS JAN 29 2015

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Pholnix Mobile Luc 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:
CHRISTOPHER P. SHOWALTER
AUTOPROS DETAILING LLC Firm/Company
5305 KEENE Dr
Plant City, FL 33566  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Spool Stown Iter at 813 357-8385  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
_ \$25.00 Filing Fee

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

Phoen	ix M	OBILE	LLC		
(Name of the Limited (A	i Liability Compan \ Florida Limited Li	y as it now appears ( ability Company)	on our records.)		
The Articles of Organization for this Limited Liab		were filed on	1/4/201	O and assignment	gned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the	1 11/6-	Ll C		e abbreviation "L	L.C."
Enter new principal offices address, if applicate (Principal office address MUST BE A STREET)		Same.	WOCHAnge		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	SAME IN	D CHAZZE	,	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:			our records, <u>ente</u>	r the name o	f the new
New Registered Office Address:		Enter Florida	a street address, Florida_	SSEE PH	The same
New Registered Agent's Signature, if changing Res	gistered Agent:	- "2		20 Kilb	t <sub>e</sub> F
I hereby accept the appointment as registered	.,				•

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Eric KELLY	5305 Keene Dr	
		PIANT C: 44, FC 33566	Remove
MGRM	CAROLYN KELLY	5305 KEENE Dr.	Add
		PLANT City, FL 33560	
MGRM	CHRISTOPHER P, SHOWS	11ka 5385 Feeno Dr	— (Add
-		PIANT City, PL 3350	olo_Remove
1/20 W ·	Saclar 1 Sugar TER	5365 Keene Or,	
<u>UKI</u>	SHILLY CI SHOWALI	Plant City, FC 335	Add Remove
			AN III
			Add
		<del></del>	
			Add
			Remove

. If amending any other information, enter change(s) here: (Attach ad	dditional sheets, if necessary.)
,	
,	
1	
Effective date, if other than the date of filing:	(optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State)	nnot be more than 90 days after
Dated 2015	
Of the	<del>Q</del>
Signature of a member or authorized represen	tative of a member
	) HOWA LTER
Signature of a member or authorized represen  CHRISTOPICEVA  Typed or printed name of sign	SHOWA LTER

Page 3 of 3

Filing Fee: \$25.00

15 JAN 14 PH 1: 20
SECRETARY OF STATE
TALL AHASSEE TO STATE