7/19/2018

**Division of Corporations** 



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000209654 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BAND LAW GROUP, PL.

Account Number : I20090000020 Phone

: (941)917-0505

Fax Number

: (941)917-0506

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

B

mail A	\ddress:					~
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PHYLLIS REALTY MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Audit #(((H18000209654 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHYLLIS REALTY MANAGEMENT, LLC							
(Name of the Amited Liabil (A Flord	ity Company as it now appears on our re- fa Limited Liability Company)	खर <b>ंड</b> )					
The Articles of Organization for this Limited Liability Company were filed on 02/23/2010 and assigned clorida document number 110000020412							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the lin	nited liability company here:						
The new name must be distinguishable and contain the words "Lis	mited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	<del></del>						
(Principal office address MUST BE A STREET ADD	RESS)						
Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)							
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istored office address on our rec dress here:	ords, enter the name of the new					
Name of New Registered Agent:							
New Registered Office Address:	Enter Florida street a	ddress					
	<b>2</b> 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	· ·					
	City	, Florida 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

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Audit #(((H18000209654 3)))

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>	Address	Type of Action
MGR	Andrew Eichenblatt	2893 Wynfair Drive	<b>■</b> Add
		Marietta, Georgia 30052	Remove
		<u> </u>	Change
			□ Remove
			Change
			□ Remove
			Change
			D Add
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(If an effer Note: I	(optional)  ctive date, if other than the date of filing:
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the properties of the record is filed.
Dated _	July 19 2018
	Signature of a member or surhorized representative of a member
	Villustific of a metaposi of approximately exceptions of a propried

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Filing Fee: \$25.00