

L10000036689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

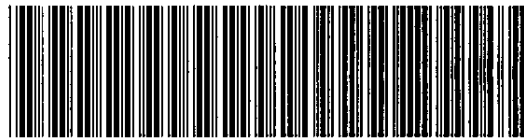
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700187080277

10/27/10--01027--013 \*\*30.00

FILED  
10 OCT 27 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN  
OCT 28 2010  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARIZONA PHM, 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:

WILLIAM PIENIAS  
Name of Person

BNJ VENTURES, LLC  
Firm/Company

12856 COMMODITY PL  
Address

TAMPA, FL 33626  
City/State and Zip Code

sunbizbnjventures@tcgflorida.com  
E-mail address: (to be used for future annual report notification)

FILED  
10 OCT 27 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

WILLIAM PIENIAS at ( 813 ) 508-0037  
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)

**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**

**ARIZONA PHM, LLC**

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

**FILED**  
10 OCT 27 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/05/2010 and assigned  
Florida document number L10000036689.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 12856 COMMODITY PLACE  
(Principal office address **MUST BE A STREET ADDRESS**) TAMPA, FL 33626

Enter new mailing address, if applicable: 12856 COMMODITY PLACE  
(Mailing address **MAY BE A POST OFFICE BOX**) TAMPA, FL 33626

**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: WILLIAM PIENIAS

New Registered Office Address: 12856 COMMODITY PLACE  
*Enter Florida street address*

TAMPA, Florida 33626  
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:

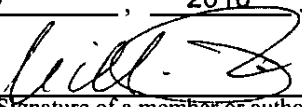
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BNJ VENTURES, LLC	12856 COMMODITY PLACE TAMPA, FL 33626	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	PHYSICIAN'S HEALTH M <sub>4</sub>	509 S. HYDE PARK AVE TAMPA FL 33606	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated OCTOBER 26, 2010

  
Signature of a member or authorized representative of a member

WILLIAM M. PIENIAS  
Typed or printed name of signee

FILED  
 10 OCT 27 AM 11:58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA