## 1110000009555

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entrty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
MAY 18 2010
EXAMINER

Office Use Only



000207567550

05/13/11--01008--012 \*\*25.00

## **COVER LETTER**

TO:	Registration Se Division of Cor						
SUBJECT:		Phoenix Ramirez Construction LLC  Name of Limited Liability Company					
	-	Nume of Emil	ace Diagnity Company				
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.				
Please	return all correspo	ndence concerning this matter	r to the following:				
			Juan Jose Ramirez Name of Person				
		Phoenix	x Ramirez Construction LLC	· · · · · · · · · · · · · · · · · · ·			
			rim/Company	 ] <b>\</b> i-	1	25	
			19 N K Street		* g y 66 * g y 56 * f 19	2011 MAY 13	-
			Address		57°.	D=	1
				60 60 00		$\overline{\omega}$	
		Sant	a Rosa Beach, FL 32439		a i	7	177
			City/State and Zip Code		* **	-15-	
		E-mail address: (	to be used for future annual report notifica	tion)	- (	ယ (နှ	
For fun	her information co	oncerning this matter, please of	call:				
	Juan Name of	Jose Ramirez	at ( <u>850)</u> 4  Area Code & Daytime T	190561			
	Nume of	1 613011	Area Code & Daytime 1	ciephone Number			
Enclose	ed is a check for th	e following amount:					
<b>\$</b> 25	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate Certified C (additional	of Stat		osed)

**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 R  (Name of the Limited Liab	amirez Construction, ility Company as it now appea da Limited Liability Company)	LLC rs on our records.	<u> </u>	
(A Flon	ida Limited Liability Company)			
The Articles of Organization for this Limited Liability	ty Company were filed on	01/24/2011	and assi	igned
Florida document numberL11000009555	·			
This amendment is submitted to amend the following	3.			
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the	words "Limited Liability Comp	any," the designation "LL	C" or the a	bbreviation
"L.L.C."		Jian y	20	
Enter new principal offices address, if applicable:		ار ما مارس ایم سیا	23-	
(Principal office address MUST BE A STREET AL	DDRESS)	∑: ₹: 	<	F. E. 277000.
		(7) (17)	သ	7.
				of books of
Enter new mailing address, if applicable:		Sin:	<del></del>	
<u>(Mailing address MAY BE A POST OFFICE BOX</u>			<u> </u>	
B. If amending the registered agent and/or re	gistered office address on	our records, enter the	e name of	f the new
registered agent and/or the new registered office a	_			
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:				
	Ei	nter Florida street addre	ess .	
		, 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>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	Esquivel Curapil	19 NK Street Santa Rosa Och F1 32	Add 4)-9 Remove		
MGR	Juan M Ulloa	19 N K Street Sonta Porc BCLF1 3	✓ Add  ∠755		
			Add Remove		
			Add Remove		
			Add  Remove		
D. If an	Juan Jose Chavez Ja Queline Valdes		ssary.)		
Dated	the two above)  5-2,20				
	_	ler or authorized representative of a member  Jose Chavez Ramirez			
	Туре	Jose Chavez Ramirez ed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00