

L11000050499

1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

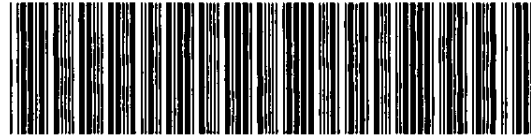
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FILED
13 MAR -8 PM 12:05
STATE
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMN ICE 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:

Pilar Flaskay

Name of Person

PHD TAMPA BAY LLC

Firm/Company

9803 Bay Island Dr

Address

Tampa, FL 33615

City/State and Zip Code

perkipil@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pilar Flaskay

Name of Person

at (813 453 3595)

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**

IMN ICE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/28/2011 and assigned
Florida document number L11000050499.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PHD TAMPA BAY LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Pilar Flaskay

New Registered Office Address:

9803 BAY ISLAND DRIVE

Enter Florida street address

TAMPA

City

Florida 33615

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.

Pilar Flaskay
If Changing Registered Agent, Signature of New Registered Agent

FILED
APR 28 PM 3:05
CLERK OF CIRCUIT COURT
HALL COUNTY, FLORIDA

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	NICHOLAS GROUP ENTERPRISES, INC.	9803 BAY ISLAND DRIVE TAMPA FL 33615	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	Pilar Flaskay	9803 BAY ISLAND DRIVE TAMPA FL 33615	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

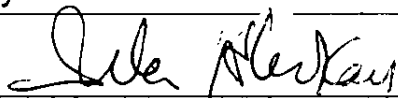
Ownership percentage

Pilar Flaskay 80%

Helenita Salom 10%

David Perkins 10%

Dated February 20 2013



Signature of a member or authorized representative of a member

Pilar Flaskay

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00