

L12000024083

**Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : CALANDRINO LAW FIRM  
Account Number : I20090000062  
Phone : (407) 601-4905  
Fax Number : (407) 601-4910

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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ORLANDO-PHOENIX GROUP, LLC**

Certificate of Status	0
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MAY - 9 2013

A. LUNT

From: Calandrino Law Firm

407 601 4910

05/08/2013 15:14

#589 P.002/005

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Orlando - Phoenix Group, 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:

Emily Johns

Name of Person

CALANDRINO LAW FIRM, P.A.

Firm/Company

301 E. Pine St., Ste. 950

Address

Orlando, FL 32801

City/State and Zip Code

Corporations @ flonabusinesslaw.com

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

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TALLAHASSEE, FLORIDA

2013 MAY -8 AM 8:50

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For further information concerning this matter, please call:

Emily Johns

Name of Person

at (407) 601-4905

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**

Orlando - Phoenix Group, 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 2/17/2012 and assigned Florida document number 42000024083.

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:

(Principal office address MUST BE A STREET ADDRESS)

401 Hawthorne Lane  
Suite 110  
Charlotte, NC 28204

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:

Assured Compliance Services, LLC

New Registered Office Address:

301 E. Pine St., Ste. 950

Enter Florida street address

Orlando

Florida

32801

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.

[Signature]  
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>
MGR	Daniel Mikolay	401 Hawthorne Lane #153	<input checked="" type="checkbox"/> Add
		Suite 110	<input checked="" type="checkbox"/> Remove
		Charlotte, NC 28204	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

CHANGE  
ADDRESS

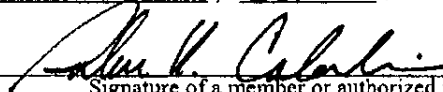
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

Dated May, 2013



Signature of a member or authorized representative of a member

**PHILIP K. CALANDRINO**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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