# L17000011811

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J. Shivers SEP O 6 2013

#### **COVER LETTER**

TQ: Registration Section
Division of Corporations

UBJECT: FENIX PSV, 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:

## PABLO RODRIGUEZ

Name of Person

### **BEST QUICK TAX RETURNS**

Firm/Company

320 S BUMBY AVE STE 10

Address

ORLANDO FL 32803

City/State and Zip Code

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

For further information concerning this matter, please call:

PABLO RODRIGUEZ

at (407) 896-7921

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)

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

FENIX PSV, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our rec Liability Company)	cords.)
	, , ,	
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  e Articles of Organization for this Limited Liability Company were filed on 01/23/2013  orida document number L13000011811  is amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  e new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" L.C."  ter new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  ter new mailing address, if applicable:  incipal office address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enterprincipal agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address		and assigned
Florida document number L13000011811		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		4
		~~ <del>\</del>
		SS SS
Enter new mailing address, if applicable:		To tot Chance
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muning universe man District OST OF THOS DOTS		- 12 III   III
	<del> </del>	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		
Name of New Registered Agents		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida	street address
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NATALI GANFER	500 E 83RD ST APT 20	Add Add
		NEW YORK, NY 10028	Remove
MGRM	FELIX M PELCMAN	500 E 83RD ST APT 20	CAdd
		NEW YORK NY 10028	Remove
			Add
		dr.	Remove
		SEC	– <del>क</del>
		AHAD STATE	Adda - S
		E CRORD	Remove
			Add
			Remove
			Add
			Remove

If amending any other inf	formation, enter change(s) here: (Attach additional sheets, if neces	sary.)
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<del></del>		
AUGUST 22	, 2013	
,	Signature of a member or authorized representative of a member	
	Natali Ganter	
	Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00

13 SEP -5 AM IO: 53

Samuel Comments of the Comment