

L17000011811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers SEP 06 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 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

Name of Person

407 896-7921

at ()

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

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TALLAHASSEE, FL 32301
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FENIX PSV, LLC

Page 1 of 3

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

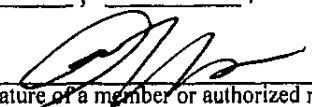
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NATALI GANFER	500 E 83RD ST APT 2C	<input checked="" type="checkbox"/> Add
		NEW YORK, NY 10028	<input type="checkbox"/> Remove
MGRM	FELIX M PELCMAN	500 E 83RD ST APT 2C	<input type="checkbox"/> Add
		NEW YORK NY 10028	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 STORE FRONT ON STAGE
 TALLAHASSEE, FLORIDA

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

Dated AUGUST 22, 2013


Signature of a member or authorized representative of a member

Natali Canter

Typed or printed name of signee

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Filing Fee: \$25.00

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