L13000058636

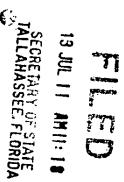
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

The Phoenix Solution USA, 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:

Diana F Goetz

Name of Person

The Phoenix Solution USA, LLC

Firm/Company

4254 Marine Pkwy

Address

New Port Richey FL 34652

City/State and Zip Code

Diana.Goetz@att.net

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

For further information concerning this matter, please call:

Diana F Goetz

Name of Person

_{4,727} 359-1922

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

The Phoenix Solution USA, Li		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on climited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number L13000058636		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		(8
(Principal office address MUST BE A STREET ADDR	(ESS)	ALL ALL
		AŘ C
		AR SSI
Enter new mailing address, if applicable:		To 3 ITT
(Mailing address MAY BE A POST OFFICE BOX)		
		ATE
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		ecords, enter the name of the new
Name of New Registered Agent:		····
New Registered Office Address:		
	Enter Fi	orida street address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

The Dhamis Calution LICA LLC

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
MGRM	Sherry Stor	3325 Diamond Falls Circle	Add
		Land O Lakes FL 34638	Remove
MGRM	Andrew W Goetz	4254 Marine Pkwy	Add
		New Port Richey FL 34652	Remove
		727-359-1825	
		(5	Add
		AHA	Remove
		SSEE. FI	Add Add
		ORIO A	Remove
			Add
			Remove
			- Add
			Remove

	ange phone number from 727-842-3628 to
	7-359-1922
Dated July	8 2013
	Signature of a member or authorized representative of a member Diana F Goetz
_	Typed or printed name of signee Page 3 of 3
	rage 3 or 3

Filing Fee: \$25.00

13 JUL 11 MII: 18
SECRETARY OF STATE
TALLAHASSEE FLORIDA