

L13000063861

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : SMALL BUSINESS RESOURCES USA, INC.
Account Number : I20040000173
Phone : (407) 298-4646
Fax Number : (407) 297-0588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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TALLAHASSEE, FLORIDA

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PHNX, LLC

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PAGE 01/05



May 8, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PENX, LLC
7512 DR. PHILLIPS BLVD.
SUITE 50-633
ORLANDO, FL 32819

SUBJECT: PENX, LLC
REF: L13000063861

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed. O is NOT a proper title.

If you have any further questions concerning your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H13000103485
Letter Number: 513A00011266

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TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

FAX ADULT # H130001034853
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHNX, 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:

James K. Duerr, CPA

Name of Person

Small Business Resources USA, Inc.

Firm/Company

1601 Park Center Drive, Ste. 6A

Address

Orlando, FL 32835

City/State and Zip Code

JimD@sbrorlando.com

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

For further information concerning this matter, please call:

James K. Duerr, CPA

Name of Person

at (407) 298-4646

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

FAX ADULT # H130001034853

FAX AUDIT # H 130001034853

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PHNX, 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 May 1, 2013 and assigned
Florida document number L13000063861

This amendment is submitted to amend the following:

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

Thomas M. McCabe, 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:

New Registered Office Address:

Enter Florida street address

Florida

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 Changing Registered Agent, Signature of New Registered Agent

FAX AUDIT # H 130001034853

FAX AUNT # H 130001034853

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

Title	Name	Address	Type of Action
MGRM	Denise E. Endicott	7512 Dr. Phillips Blvd.	<input type="checkbox"/> Add
		Suite 50-633	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32819	
			<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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article III - The purpose for which this Limited Liability Company
is organized is: For Licensed Real Estate activity and any
other related activity.

Dated May 7, 2013

*

Thomas M. McCabe

Signature of a member or authorized representative of a member

Thomas M. McCabe

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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