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(Cit	ty/State/Zip/Phone	: #)
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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Cor	porations		
CHD IFCT.	PHD @ Sk	ibo II		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Kimberly Hill		
		480.	Name of Person	
			Firm/Company	
		3930 Max Place		16 APR 15
			Address	- v
		Boynton Beach, FL 33436		
		 	City/State and Zip Code	·
		julie@phdevelopers.com		
			to be used for future annual report notific	ation)
For further in	nformation c	oncerning this matter, please ca	all:	
Kimberly H	ill		561 742-9290 at ()	
	Name o	f Person		l'elephone Number
Enclosed is a	a check for th	he following amount:		
≅ \$25.00 F	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)
	MAII	ING ADDRESS:	STREET/COURIE	R ADDRESS:
	Regist	ration Section	/ Registration Section	
	Divisio	on of Corporations	Division of Corporat	ions \

TALLAHASSEE, FLURDING

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

send lider server

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

PHD @ Skibo II, LLC	
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number L13000074352	ny were filed on 05/21/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	ability 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)	
	16 LEC
	PR PR
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	고 "위다
	. 0.7
	म् व्याप
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>enter the name of the new</u> nere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
_ 	City Zip Code

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 605, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Title Address Type of Action Name** 3930 Max Place MGR Michael Puder Boynton Beach, FL 33436 ■ Add ☐ Remove ☐ Change 3930 Max Place MGR Kimberly Hill Boynton Beach, FL 83436 ■ Add □ Remove ☐ Change PHDCF, Inc 3930 Max Place Boynton Beach, FL 33436 Reshov ☐ Change □ Add **■** Remove ☐ Change □ Add ☐ Remove □ Change ☐ Add

□ Remove

☐ Change

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ective date, if other than the date nust b	ate of filing: e specific and cannot be !	prior to date of fili	ing or more than 90	(optional) days after filing.) Purs	mant to 605.02
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Filing Fee: \$25.00