L13000121806

(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
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Special Instructions to Filing Officer:	
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COVER LETTER

TO: Reg Div	gistration S ision of Co	ection rporations		
SUBJECT:	PHOENIX	PLYWOOD FINISHING L	LC	
		Name of L	imited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are su	abmitted for filing	
		ndence concerning this matte		
		and man	t w me tonowing;	
		KATHERINE GARCIA		
			Name of Person	
		PHOENIX PLYWOOD I	FINISHING LLC	
			Firm/Company	
		11430 NW 122 Street Sui	te 300	
			Address	
		MIAMI, FL 33178		
			City/State and Zip Code	
		kathy@phoenixply.com	Chyrotate and Zip Code	
		E-mail address:	to be used for future annual report not	ification)
For further inf	ormation co	ncerning this matter, please o	all:	
KATHERINE	GARCIA		786 376-1978	
	Name of	Person	at ()	
			Area Code Daytim	ne Telephone Number
Enclosed is a c	heck for the	following amount:		
⊠ \$25.00 Fil		\$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)
Regis Divis P.O. 1	ng Address: stration Section of Con Box 6327 hassee, FI	rporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHOENIX PLYWOOD FINISHIN	IG LLC	(records.)
(Name of the Lim	ted Liability Company as it now appears on our (A Florida Limited Liability Company)	(records.)
The Articles of Organization for this Limited I Florida document number L13000121806 This amendment is submitted to amend the following the submitted to amend the submitted t	iability Company were filed on	
	-	6
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the	/ords "Timited Liability Comments "At the second	
Enter new principal offices address, if applic	obla-	n "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREE		
	1 ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office address on an annual	enter the name of the new registered
Name of New Registered Agent:	KATHERINE GARCIA	
New Registered Office Address:	11430 NW 122 STREET, SUITE 300	
	Enter Florida street	address
	MIAMI	_, Florida ³³¹⁷⁸
New Registered Agent's Signature, if changing F	City	Zip Code
I hereby accept the appointment as registered provisions of all statutes relative to the propertice of the propertice of the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this to	d agent and agree to act in this capacity or and complete performance of my duti- tered agent as provided for in Chapter, egistered office address, I hereby confirmange.	es, and I am familiar with and

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
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			□ Change
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			Change

Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Persuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the wind is filted. Dated August 18 2020 Signature of imaginer of surface authorized representative of a member.				···	_	
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Filing Fee: \$25.00