

# L13000172625

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

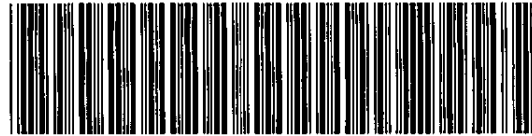
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 30 2014  
T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PHOENIX INFINITAM, 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:

GRACIN BRYAN  
Name of Person  
PHOENIX INFINITAM, LLC  
Firm/Company  
2513 N.E. 3<sup>rd</sup> STREET  
Address  
OCALA, FL 34470  
City/State and Zip Code  
sewingguru@phxunlimited.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GRACIN BRYAN at (352) 441-1386  
Name of Person 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

PHOENIX INFINITAM, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 13, 2013 and assigned  
Florida document number L13000172625

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2513 N.E. 3<sup>rd</sup> STREET  
OCALA, FL 34470

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2513 N.E. 3<sup>rd</sup> STREET  
OCALA, FL 34470

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:

GRACIN BRYAN

New Registered Office Address:

2513 N.E. 3<sup>rd</sup> STREET

Enter Florida street address

OCALA

City

Florida

34470

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 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

GRACIN BRYAN

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ROBERT J. REYNOLDS	9050 S.W. 9TH TERRACE OCALA, FL 34476	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	KEITH GREENBERG	1326 S.E. 34TH TERRACE OCALA, FL 34471	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR/AMBR	ISAIAH TAMBLINGSON	2615 N.W. 1ST AVENUE OCALA, FL 34475	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<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.)

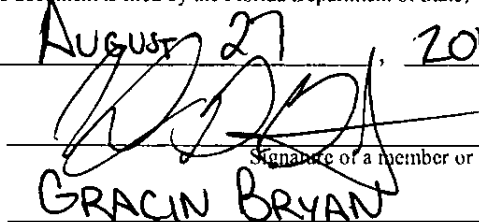
- ROBERT J. REYNOLDS AND KEITH GREENBERG  
WERE ADDED AS MEMBERS
- ISAIAH TAMBLINGSON DISSOCIATED AS A MEMBER  
AND MANAGER
- GRACIN BRYAN REPLACED ISAIAH TAMBLINGSON AS REGISTERED AGENT.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

AUGUST 27, 2014



Signature of a member or authorized representative of a member

GRACIN BRYAN

Typed or printed name of signee

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