114000028935

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	<u> </u>
(* 1.2		
· · · · · · · · · · · · · · · · · · ·		
(Cit	ty/State/Zip/Phon	e #)
D DIGITUD		—
PICK-0P	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
	ocument Number	
(50	cament Namber,	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer	
opeoidi matructiona to	Timing Officer.	
	,	

Office Use Only



200268086732

01/09/15--01024--011 **30.00

15 JAN -9 AH 10: 33

FASSETT, ANTHONY & TAYLOR, P.A.

ATTORNEYS AT LAW

LADD H. FASSETT ROBERT W. ANTHONY JOHN A. TAYLOR PHIL A. D'ANIELLO

SPENCER GLEDHILL JEFFREY E. APPLEANG 1325 WEST COLONIAL DRIVE ORLANDO, FLORIDA 32804

TELEPHONE (407) 872 - 0200 TELECOPIER (407) 422 - 8170 DEBBIE M. HENDERSON LEGAL ASSISTANT Direct Extension: 3045 Email: dhenderson@fassettlaw.com

Web: www.fassettlaw.com

January 8, 2015

VIA UPS OVERNIGHT

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

RE:

Our File No.: 6347-81

Philly1, LLC

To whom it may concern:

Please find the following enclosed documents.

- Check #64032 in the amount of \$30.00
- Amendment of Articles of Organization for Philly1, LLC.

If you have any questions, please feel free to contact me at 407-872-0200.

Sincerely,

Debbie M. Henderson

Legal Assistant

/dmh Enclosures

COVER LETTER

TO: Registration Section Division of Corporation				
PHILLY1, L	LC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of Am		-		
	John A. Taylor, Esq	uire		
		Name of Person		
	Fassett, Anthony &	Taylor, P.A.		
		Firm/Company		
	1325 W. Colonial Dr	rive		
		Address		
	Orlando, FL 32804			
		City/State and Zip Code		
_	sauerwinecustomhor			
	E-mail address: (to be used for future annual report notification		Ī
For further information cond	erning this matter, please c	all:	The first terms of the first ter	-
William J. Sauerwine		407 298-2443	95 00 C	Ţ
Name of Pe	erson	Area Code Daytime Telep	hone Number	and o
Enclosed is a check for the f	ollowing 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

PHILLY1, LLC

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

STATE OF THE STATE

The Articles of Organization for this Limited Liability Company Florida document number L14000028935	were filed on <u>02/20/14</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2813 S. Hiawassee Road	
(Principal office address MUST BE A STREET ADDRESS)	Suite 108	
	Orlando, FL 32835	
	2042 C. Hiewesses Book	
Enter new mailing address, if applicable:	2813 S. Hiawassee Road	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 108	
	Orlando, FL 32835	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	William J. Sauerwine	2813 S. Hiawassee Road	
		Orlando, FL 32835	■ Remove
MGR	Deborah M. Robinson	2813 S. Hiawassee Road	Add
		Orlando, FL 32835	■ Remove
MGR	DEB ENTERPRISES, INC	2813 S. Hiawassee Road	■ Add
		Ste 108	□ Remove
		Orlando, FL 32835	
			Add
			□ Remove
			□ Remove
	<i>;</i>		
			□ Add
			Remove

If amending any other informa	ition, enter change(s) here: (Attach additional sheets, if nece	essary.)
, , , , , , , , , , , , , , , , , , , ,		
		······
	<u> </u>	
Effective date, if other than the (The effective date must be specific, cannot the date this document is filed by the Fl	e date of filing: (option to date of receipt or filed date and cannot be more than 90 days a lorida Department of State)	o nal) after
Dated January 5	2015	
Dated	W. Z-	
90	Signature of a member or authorized representative of a member	
//		
V	John A. Taylor, Esquire Typed or printed name of signer	

Page 3 of 3

Filing Fee: \$25.00

15 JAN -9 ANIO: