114000137913

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
!

Office Use Only



200369821202

1-6-21

2021 SEP 30 PM 2: 04

021 SEP 30 PM 3: 40

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 053628 , 4336482
AUTHORIZATION: Sprelle Reman
COST LIMIT : \$ 55.00
ORDER DATE : September 30, 2021
ORDER TIME : 1:29 PM
ORDER NO. : 053628-005
CUSTOMER NO: 4336482
DOMESTIC AMENDMENT FILING NAME: PHILIPS 3400 LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker EXT#

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration S Division of Co			
PHILIPS SUBJECT:	3400 LLC		
30BJEC1;	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Robyn Tuerk, Esq.		
		Name of Person	
	Philips International		
		Firm/Company	
	40 Cutter Mill Road, Suite	206	
		Address	
	Great Neck, New York 11	021	
		City/State and Zip Code	
•	rtuerk@pihc.com	to be used for future annual report notifi	
E. Cabalana		·	canon)
For further information	concerning this matter, please c	aii:	
Robyn Tuerk		212 951-3801 at ()	
Name	of Person		Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fec	☐ \$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 Addre Registration	Section	Street Address: Registration Sect	
Division of C	Corporations	Division of Corp	orations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHILIPS 3400 LLC				
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on September 3, 2014	and assigned		
Florida document number L14000137913				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	40 Cutter Mill Road, Suite 206			
(Principal office address MUST BE A STREET ADDRESS)	Great Neck, New York 11021			
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BOX"	40 Cutter Mill Road, Suite 206 Great Neck, New York 11021			
B. If amending the registered agent and/or registered office :	address on our records, enter the	e name of the new regis		
ngent and/or the new registered office address here:	· 	1873		
Name of New Registered Agent:		20 - F		
New Registered Office Address:	Enter Florida street address	PH 2:		
	, Floric			
	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 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
MGR	Diana Marrone	419 W, 49th Street, Suite 300	
		Hialeah, Florida 33012	□Remove
			□ Change
			□Add
			□ Remove
			□Add
			□ Remove
			□ Change
			□Remove
			Change
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			□ Changa

					
	 -				
		·			
-					
			·····		
					<u>.</u>
					
	· · · · · · · · · · · · · · · · · · ·		····		· · · · · · · · · · · · · · · · · · ·
					
					-
te: If the date inser	er than the date of fi i, the date must be specific ted in this block does n ate on the Department	not meet the applica	to date of filing or mor able statutory filing	(option e than 90 days after fil requirements, this d	al) ing.) Pursuant to 605.020 ate will not be listed as
ecord specifies a del is filed.	ayed effective date, but	not an effective tir	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
		2021			
ted September 30					
ted September 30	Shynd	urh	rized representative o		

Filing Fee: \$25.00