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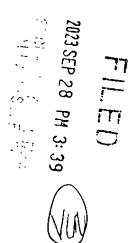
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Office Use Only



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COVER LETTER

Division of Corporations YULIET RODRIGUEZ LLC SUBJECT: 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: Yuliet Rodriguez Name of Person Firm/Company 601 Grove St Address Lake Worth Beach, FL 33461 City/State and Zip Code INFO@THEPHOENIXRESTORATION.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gus Trujillo Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & \$25.00 Filing Fee □ \$30.00 Filing Fee & ■ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| y as it now appears on our records ability Company) | <u>.</u>) |
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| vere filed on 11/19/2014 | and assigned |
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| y Company," the designation "LLC" | or the abbreviation "L.L.C." |
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| idress on our records, <u>enter</u> | the name of the new registered |
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| performance of my duties, an | ther agree to comply with the d I am familiar with and F.S. Or, if this document is |
| | ity company here: y Company," the designation "LLC" Enter Florida street address City e to act in this capacity. I fur |

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 | |
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| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Note | etive date, if other than the date of flective date is listed, the date must be spe If the date inserted in this block do ment's effective date on the Departm | es not meet the appl | icable statutory filing re | (optional) than 90 days after filing) l equirements, this date w | Pursuant to 605,0207 (3)d ill not be listed as the |
| If the reco record is | ord specifies a delayed effective date, filed. | but not an effective | time, at 12:01 a.m. on | the earlier of: (b) The | 90th day after the |
| Date | SEPTEMBER 24 d | 2023 | | | |
| | | - JAHA | | | |
| | | | horized representative of | ı member | |

Filing Fee: \$25.00

Typed or printed name of signee