L15000048549

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

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CORPORATE -

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (300) 969-1666. Fax (850) 222-1666

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X	FILING	LLC	Amend		
1.	Phen-Syn LLC L (CORPORATE NAME AND DOCUM		048549		
2.	(CORPORATE NAME AND DOCUM	ENT#)			
3.	(CORPORATE NAME AND DOCUM	(ENT #)	•		
4.	(CORPORATE NAME AND DOCUM	(ENT #)			
5.	(CORPORATE NAME AND DOCUM	IENT #)			
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SPECIA	L INSTRUCTIONS:				
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		, Florida	Code	
New Registered Office Address:	Enter Florida stre	et address		
Non-Books and Office Address.				
Name of New Registered Agent:				
CONTRACTOR OF THE STATE OF THE	~~~~~~ ~			
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		records, enter the 1	iame of	the new
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(Mailing address MAY BE A POST OFFICE BOX)		7,73	F.	13- Alexa
Enter new mailing address, if applicable:		3×	9	j
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(Principal office address MUST BE A STREET ADDRE	ESS)	<u> </u>	F1+ v	
Enter new principal offices address, if applicable:	<u></u>			
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the designa	tion "LLC" or the abbrevi	ation "L.L	C."
At an enoung name, enter the new name of the unite	ed madmey company more.			
A. If amending name, enter the new name of the limit	ed liability company here:			
This amendment is submitted to amend the following:				
Florida document number L 15000048549	_•			
The Articles of Organization for this Limited Liability Co	empany were filed on 03/18/2	2015 a	nd assig	ned
(A Florida I	Company as it now appears on ou Limited Liability Company)	r records.)		

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, 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>	Type of Action
AMBR	Dugan Law Firm APLC	365 Canal St, Ste 1000	■ Add
	•	New Orleans, LA 70130	□ Remove
AMBR	James R. Dugan II	365 Canal St, Ste 1000	Add
		New Orleans, LA 70130	≅ Remove
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D.	If ameno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
		
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E.	(The effecti	e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after nis document is filed by the Florida Department of State)
	Dated	4/27/15
		Signature of a member or authorized representative of a member
		James R. Dugan, Il

Page 3 of 3

Filing Fee: \$25.00