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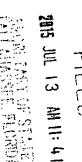
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COVER LETTER

	gistration Se visign of Cor				
SUBJECT	4Phins LLC			•	
Name of Limited Liability Company					
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		Joseph W. Miller			
			Name of Person		
		4Phins LLC			
			Firm/Company		
		164 Perdido Key CT.			
		,,, 	Address	······································	
		Ponte Vedra, FL 32081			
			City/State and Zip Code		
		4phins@gmail.com			
		E-mail address: (to be used for future annual report notifi-	cation)	
For further	information co	oncerning this matter, please ca	all:		
Joseph W.	Miller		904 305-9559 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	ne 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

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

(A Florida Limited Liability Company)

FILED

2015 JUL 13 AM II: 41

4Phins LLC

SECRETARD OF STATES

The Articles of Organization for this Limited Liability Company were filed on $\frac{06/30/2015}{1}$ and assigned Florida document number L15000115053 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address . Florida City

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 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
AMBR	Joseph Wayne Miller	164 Perdido Key Ct.	Add
		Ponte Vedra, FL 32081	■ Remove
		·	Change
AMBR	Robert A. Miller, Sr.	10901 Burnt Mill Road #1802	
		Jacksonville, FL 32256	■ Remove
			Change
AMBR	Maureen G. Miller	164 Perdido Key Ct.	
		Ponte Vedra, FL 32081	■ Remove
			Change
AMBR	Elaine Carol Miller	10901 Burnt Mill Road #1802	□ Add
		Jacksonville, FL 32256	■ Remove
			☐ Change
AMBR	4 Clover Holdings LLC	164 Perdido Key CT	A dd
		Ponte Vedra, FL 3208	Remove □
			Change
AMBR	Monarch Miller Inc.	10901 Burnt Mill Rogo	/
		# 1802	□ Remove
		Jacksonville FL 3225	6 □ Change

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(If an effective date is listed, the date Note: If the date inserted in this	the date of filing: must be specific and cannot be prior to date of filing or more to shock does not meet the applicable statutory filing receipt partment of State's records.		
the record specifies a dela) The 90th day after the	yed effective date, but not an effective time record is filed.	e, at 12:01 a.m. on the earlier o	of:
Dated 10 July	, 2015		
Joe	Name was the Signature of a member or authorized representative of a	member	
Joseph Wayne Mille			
. , , , , , , , , , , , , , , , , , , ,	Typed or printed name of signee		

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Filing Fee: \$25.00