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TO:	Registration Se Division of Cor		, '	, •
SUBJI	PHILIP AN	D KARREM VENTURES, L	LC	
3014	bc1	Name of Lim	nited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		ETHELBERT NWANEG	во	
			Name of Person	
		POWERHOUSE ANCHO	R MANAGEMENT CONSULTIN	NG, INC.
			Firm/Company	
		3577 CARDINAL POINT	DRIVE	
			Address	
		JACKSONVILLE, FL 322	257	
		<u> </u>	City/State and Zip Code	
		ETHEL@PHANCHOR.CO		
		E-mail address: (to be used for future annual report not	ification)
For fur	ther information co	ncerning this matter, please ca	all:	
ETHE	LBERT NWANEG	BO	904 2650765 at()	
	Name of	Person		e Telephone Number
Enclose	ed is a check for the	e following amount:		
■ \$25	5.00 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

PHILIP AND KAREEM VENTURES, LLC

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

The Articles of Organization for this Limited Liability Company we	ere filed on	and assigned
Florida document number L15000129539		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
PHILIP B VENTURES, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or t	ne 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)		
<u>-</u>		
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, <u>en</u>	ter the name of the new
registered agent and/or the new registered orner address nere.		SH PR
Name of New Registered Agent:		
		PA FILE
New Registered Office Address:	Enter Florida street address	
		Sign on
	, Florida	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 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	KAREEM SANDERS	523 WOODBINE ST	□ Add
		JACKSONVILLE, FL 32206	■ Remove
			Change
		<u> </u>	□ Remove
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Filing Fee: \$25.00