# L15000146966

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# **COVER LETTER**

TC	Division of Corpor				
SU	BJECT:	Phlex Name of Limi	ited Liability Company		
Th	e enclosed Articles of Art	nendment and fee(s) are sub	mitted for filing.		
Ple	ease return all corresponde	ence concerning this matter	to the following:		
		Harriso	n Gibson Name of Person		
		P	hlex Firm/Company		
		360_5	W Archer Road, Address	Apt. 603	
		Goinesvi	City/State and Zip Code	3	
	-	E-mail address: (t	phlexinc@ on o be used for future annual report hot	Mail. Com ification)	
Fo	r further information conc	erning this matter, please ca	ıll:	2016 SEC: ALL,	
	Harrison Name of Pe	Gibson	at ( <u>954</u> ) <u>790-</u> Area Code Daytin	3996 ASS NOV 23 Per Telephone Number: 3	FILE
En	closed is a check for the f	ollowing amount:		P to FLORIL	D
		□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc.)	

## 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

Phlex		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing LS000146966.	any were filed on <u>4/31/15</u>	and assigned
This amendment is submitted to amend the following:	ndment is submitted to amend the following:  nending name, enter the new name of the limited liability company here:  In the must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  we principal offices address, if applicable:  and office address MUST BE A STREET ADDRESS)  we mailing address, if applicable:  address MAY BE A POST OFFICE BOX)  mending the registered agent and/or registered office address on our records, content the firm new dagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	
A. If amending name, enter the new name of the limited l	and assigned aument number	
	11111	
	ation for this Limited Liability Company were filed on \( \frac{9/3}{3} \) \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Enter new principal offices address, if applicable:		
and assigned original document number		
Enter new mailing address, if applicable:		2016 N SECRA
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		PT( LL #
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	ability company here:  ability Company," the designation "LLC" or the abbreviation "L.L.C."  ACCUANTIAL AND ACC	
		J
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del> </del>	, Florid	
	City	Zip Co <b>d</b> e

### 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 Title **Address Type of Action Name** MATTO AMBR Marcin Cieslak 948 SE 3rd Avenue \$500 □ Add Ft. Landerdale, FL 33316 Remove Change □ Add ☐ Remove ☐ Change □ Add □ Remove hange H Remo رين o∰ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

\_□ Change

-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary		<del></del>
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If an efi Note:	ffective date, if other than the date of filing:	Pursuant to 6	605.0207 isted as
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed.	on the ear	rlier of
Dated	November 21, 2016  Signature of a member or authorized representative of a member		
	Harrison Gibson		

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Filing Fee: \$25.00