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SECRETARY OF STATE

MAR 0 3 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	.*
SUBJECT: PHOEN: X BUILDES of WEST FOR DA LLC 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:	
Byron McManalt Name of Person	
PHOENIX Boildses a west Floeida HC.	
4468 BayCedar / ANE	3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
SARASAA, F1 3H2H1 City/State and Zip Code	3-2
E-mail address: (to be used for future annual report notification)	FN 2: 25
For further information concerning this matter, please call:	,
Rame of Person at (941) 93-8870 Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing I Certificate of Status Certified Copy (additional copy is enclosed) Certified Cop (additional copy	Status & y

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

TO ARTICLES OF ORGANIZATION OF

PHOENIX Soild 82	S do West Fleida DC.
(A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on $1/15/7010$, and assigned
Florida document number 416000010770	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
-	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)
	2 025
Enter new mailing address, if applicable:	- Not
(Mailing address MAY BE A POST OFFICE BOX)	
	25
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, <u>enter the name of the new</u> ress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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

or removed from our records:

MGR = Manager AMBR = Authorized Member **Type of Action** Title Address Name MGR-By Ron McNampea 4468 Bay CEDAR LAUE ☐ Remove ☐ Change Justin Clark 4079 Groentessale _□ Remove _□ Add _□ Remove رب Change 🗆 □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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Effective date, if oth (If an effective date is liste	ner than the date o	of filing:	prior to date of fili	ng or more than 90 da	(optional) ys after filing.) Pursi	uant to 605.020
Note: If the date inser document's effective of				ry filing requiremer	its, this date will r	ot be listed a
the record specifies) The 90th day aft			t not an effec	tive time, at 12	::01 a.m. on th	ne earlier o
Dated	8	, McJ				
	Signatu	ure of a member or	authorized repress	entative of a member		
		ic of a member of	aumorized represe	cittative of a member		

Page 3 of 3

Filing Fee: \$25.00