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PICK-UP	☐ WAIT	MAIL
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S. YOUNG

COVER LETTER

	sistration Se ision of Cor			'.	
CLUD AD COM	Phoenix Su	ir LLC			
SUBJECT:		Name of Lin	nited Liability Company		
		Amendment and fee(s) are sub	<u>-</u>		
Please return	all correspo	ndence concerning this matter Robert Barry	to the following:		
			Name of Person		
		Phoenix Sur LLC			
			Firm/Company		
		1900 Van Buren Street. He	ollywood.		
			Address	128 128 128	5
			City/State and Zip Code		FILT FB 19
		robertj_barry@yahoo.com		;;; -	
For further in	nformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report not	uification)	121
Robert Barry	y		954 6246523	7 7	-
	Name o	f Person	at () Area Code Daytir	ne Telephone Number	_
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of Certified Copy (additional copy)	Status & y
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	enter Circle	

TO ARTICLES OF ORGANIZATION OF

Phoenix Sur LLC			
(Name of the Limi	ted Liability Company as it now ar (A Florida Limited Liability Compa	opears on our records.)	
The Articles of Organization for this Limited I Florida document number	iability Company were filed or	09 Feburary 2016	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability compan	y here:	
The new name must be distinguishable and contain the		the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:			ှ င်
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
		<u> </u>	- 5 M
B. If amending the registered agent and registered agent and/or the new registered of		s on our records, enter	the name of the r
Name of New Registered Agent:	Robert Barry		····
New Registered Office Address:	1900 Van Buren Street		
	Enter	Florida street address	
	Hollywood	Florida 330	020
	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

Page 1 of 3

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MRB	Guy W Barry		
		765 Malabu Drive, Lexington. KY 4	
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			Change
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		 	□ Remove
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Filing Fee: \$25.00