

L16000032849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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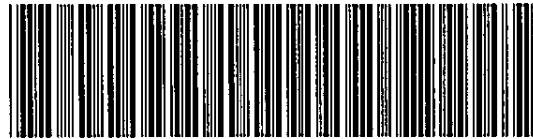
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 08 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: William and or Terri Phillips 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:

Terri Elizabeth Phillips

Name of Person

Firm/Company

5032 Cabrilla Court

Address

New Port Richey, FL. 34652-3000

City/State and Zip Code

willphillips8@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terri Elizabeth Phillips

727 992 3901
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

William and/or Terri Phillips 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 were filed on 02/14/2016 and assigned
Florida document number ~~500282186215~~ L16000032849

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Terri Elizabeth Phillips LLC

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)

5032 Cabrilla Court

New Port Richey, FL 34652-3000

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

Terri Elizabeth Phillips

New Registered Office Address:

5032 Cabrilla Court

Enter Florida street address

New Port Richey
City

Florida

34652-3000
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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------|------------------------------------|--|
| AMBR | Terri Elizabeth Phillips | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | 5032 Cabrilla Court, New Port Rich | <input checked="" type="checkbox"/> Change |
| AMBR | William John Phillips | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | 5032 Cabrilla Court, New Port Rich | <input checked="" type="checkbox"/> Change |
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RECEIVED
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11 3:00
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ADMINISTRATIVE
DIVISION

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

3/30/2016
Signature of a member or authorized representative

Tern Elizabeth
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA