LIM000014301

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S Warren JUN 0 9 2016

то:	Registration Section Division of Corporations	COVER LETTER	i.
SUBJE	ct:Phi	Design 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:

Rachel L. Tolley
Name of Person
Firm/Company
2400 S. Douglas Rd #1008
MIAMI FL 33134
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>B05</u>) <u>444</u>. <u>6116</u> Area Code Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

\$25.00 Filing Fee

r,

□ \$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
ТО
ARTICLES OF ORGANIZATION
OF

Phi Design U (Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L14000074 201</u> .	ere filed on <u>4/14/2016</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabili</u> <u>Magnaphi</u> <u>Architect</u> The new name must be distinguishable and contain the words "Limited Liability	ure trendineering LLC
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)	RAL 2
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	Idress
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

.

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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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added <u>Qr removed from our records</u>:

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MGR = Manager AMBR = Authorized Member

•••

Title	<u>Name</u>	Address	Type of Action
			🛛 Add
			Remove
			Change
			🖸 Add
			Remove
			Change
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			SP CPehanger
		· · ·	FOR D U
			REAL Remove
		·	Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

· ,	
	

E. Effective date, if other than the date of filing: ______(optional) (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)

(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) <u>Note:</u> 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 1 ST , 2016	215	-77
Signature of a member of a member	ETTRY 8	Ē
LEONOR TELLEZ Typed or printed name of signee	PF STA	0
	RIDA	

Page 3 of 3

Filing Fee: \$25.00