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SECRETARY OF STATE TALLAHASSEE, FLORIDA



# FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2017

RYAN HARTNEY PHILIPS REFUGEES LLC 607 52ND AVENUE N ST PETERSBURG, FL 33703

Ref. Number: L1600007262

We have received your document for and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

P & R PROPERTIES INC - P02000038186

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 117A00004876

honge resurt to

Nitros Properties LLC"

www.sunbiz.org

resised application with

Division of Compactions BO DOV COOF Well-based Florida 2021

17 HAR 13 PH 2: 02

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |               |       |
|--|---------------|-------|
| SUBJECT: Philips Refugees 22Cs:  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:  |               |       |
| Pyan Hartney   |               |       |
| Philips Refusees LLC   |               |       |
| Firm/Company   |               |       |
| 607 52nd Av N  |               |       |
| Address  |               |       |
| St Petersburg, FL 33703  |               |       |
| City/State and Zip Code  | _ <b></b>     | 75. · |
| Klaschia BRO Chille  | ٦<br><u>ح</u> |       |
| E-mail address. (to be used for future annual report nonneation)   | MAR 13        |       |
| For further information concerning this matter, please call:   |               |       |
| Name of Person  Name of Person  Area Code  Daytime Telephone Number  | 2             |       |
| Name of Person Area Code Daytime Telephone Number  | 2: 02         |       |
| Enclosed is a check for the following amount:  |               |       |
| \$25.00 Filing Fee \$\times \text{ \$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{ Certified Copy (additional copy is enclosed)}\$\$\$ 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

| Philips Pa   | choses UC   |   |
|--|---|---|
| (Name of the Limited Liab.<br>(A Flori   | llity Company as it now appears on a<br>da Limited Liability Company) | our records.)   |
| The Articles of Organization for this Limited Liability Florida document number <u>L</u> 1600077262                      |   | 19/16 and assigned  |
| This amendment is submitted to amend the following:  |   |   |
| A. If amending name, enter the new name of the line.  The new name must be distinguishable and contain the words "Line." | menty the   | N:tros Properties LLC tion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | <u></u>   |   |
| (Principal office address MUST BE A STREET ADD   | ORESS)  | 70:   |
|  |   | TAR AS  |
| Enter new mailing address, if applicable:  |   | <u> </u>  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | <u> </u>  |
| B. If amending the registered agent and/or reg<br>registered agent and/or the new registered office ad                   |   | records, enter the name of the new                            |
| Name of New Registered Agent:  |   |   |
| New Registered Office Address:   |   |   |
|  | Enter Florida sti   | ect address   |
| ·  | Cin   | , Florida<br>Zip Code   |
|  | City  | Zip Coae  |

#### 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 = M $AMBR = A$ | anager<br>uthorized Member              |             |  |
|--------------------|---|-------------|--|
| Title              | Name                                    | Address     | Type of Action   |
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| Fective date, if other than the date of filing:  |                                  |                                      |   |                                       |                             |                                       |                |                                       |                                       |                |                |
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| fective date, if other than the date of filing:  |                                  |                                      |   | <del> </del>                          |                             |                                       | <del>,</del>   |                                       | .,                                    | — <b>₩</b>     | 7              |
| fective date, if other than the date of filing:  |                                  |                                      | <u> </u>                                |                                       | <del> </del>                | · · · · · · · · · · · · · · · · · · · |                | ****                                  |                                       | <del></del> ్చ | í              |
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Filing Fee: \$25.00