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(Re	questor's Name)	
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(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

	stration Scion of Cor	ection porations		
SUBJECT: _		Shadow Ca	ompany, LLC	
CODJICI.	-		ited Liability Company	
The enclosed a	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspo	ondence concerning this matter	to the following:	
		Esther Garrido	Name of Person	
			Name of Person	
		Phoenix MEP C	onstruction	, LLC
			Firm/Company	
		818 Chestnut Si		
			Address	
		Clearwater F1,	33 <i>756</i>	
		<u> </u>	City/State and Zip Code	
			senixconstruction.bu	
		E-mail address: (to be used for future annual report noti	fication)
For further inf	ormation c	oncerning this matter, please c	all:	
			01(
Name of Person		at () Area Code Daytime Telephone Number		
Enclosed is a c	heck for th	he following amount:		
☑ \$25.00 Fil	ing 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 Tallahussee, 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

18 AUG. ED
18 AUG 16 AM 10: 0:
TALLAHASSEE, FLORIDA

Shadow Company, LLC		
Shadow Company, LLC (Name of the Limited Liability Company as (A Florida Limited Liability)	s it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company wer Florida document number	re tiled on <i>07/15/2016</i>	and assigned
A. If amending name, enter the new name of the limited liability		
Phoenix MEP Construction	, LLC	
The new name must be distinguishable and contain the words "Limited Liability C	lompany," the designation "LLC" or	the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	818 Chestnut St	reet.
(Principal office address MUST BE A STREET ADDRESS)	Clearwater F1,33	756
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	818 Chestnut Clearwater FL	Street. , 33756
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, e	nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Floric	1 9
	City	laZip Code
New Registered Agent's Signature, if changing Registered Agent:		
	at although the I fough	ar agree to comply with the

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

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
Auth Rep	Humes, Edward F		
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			🗆 Remove
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an effective date lote: If the da	, if other than the da e is listed, the date must b te inserted in this bloc- ective date on the Dep	e specific and canno k does not meet th	ne applicable statu	filing or more than 90 tory filing requirem	(optional) days after filing.) Pur ents. this date will	rsuant to 605,0207 () not be listed as th
	ecifies a delayed e lay after the recor		but not an eff	ective time, at :	12:01 a.m. on	the earlier of:
ated Jul	y 31 5t	20) 			
		do				

Page 3 of 3

Filing Fee: \$25.00