## L16000151202

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Phoenix Bluffer Balloons, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Shalina Roaels Nathe of Person
Phoebix Shuffer Balloons
9645 Baymendows PD Apt 774
Jacksonuille FL 3225 City/State and Zip Code
Phoenix shuff-bon lloons Com. Com. E-mail address (to be used for future armual report notification)
For further information concerning this matter, please call:
Shauna logers at (108) 227-10834  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status 8: 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

Phoenix Stuffen Ballo (Name of the Limited Liability Compan (A Florida Limited Li	V as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L16000151202</u> .	were filed on <u>Aug 12.2</u>	OLLO and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	cy 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		# 5 m
New Registered Office Address		SSE
New Red Sid of Title Audi ess	Enter Florida street address	TO R IT
	, Florid	
	City	20mm 公 2mmine 公
New Registered Agent's Signature, if changing Registered Agent:		<b>&gt;</b>

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>	Name	<u>Address</u>	Type of Action
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Effective date, if other than the (If an effective date Is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	t be specific and ca ook does not mee	ennot be prior to d et the applicable	late of filing or mo e statutory filing	( <b>opti</b> ce than 90 days after requirements, this	filling.) Pursuant to 605	6.0207 (3) ed as the	)(b) e
the record specifies a delayed  The 90th day after the rec	l effective dat ord is filed.	te, but not a	n effective ti	me, at 12:01 a	a.m. on the earl	er of:	
Defed aug 23		2016					
No tre	Signature of a me	ge ) Imber or authoriz	ed representative o	f a member			
Shahaa	Rogen	2.8	ame of signee				

Page 3 of 3 Filing Fee: \$25.00