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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Phocnix Stiffed Balloons, 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:
Shatina Ragers
Phoenix Stuffer Balloons, U.C.
9645 Baymeadows RD #774
Jacksonuille, FL 32256 City/State and Zip Code
Proenix Stuffer bollons agmail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shahm higers at (708) 227-6836 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
See S25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scrifficate of Status See Certificate of Status See Certified Copy (additional copy is enclosed) S60.00 Filing Fee. 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

Process Studies Ball	ans LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on <u>Aug. 12, 2011</u>	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Designz by Phoenix, LLC The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the ab	obreviation "L.L.C."
	9645 Baymeaday	_
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	Jackschulle, FL 32	-250
	0.45	. 0 a #771
Enter new mailing address, if applicable:	9645 Baymeadaw	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonulle, FL 3:	1254
		
		an Carlo
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>enter</u>	the name of the new
registered agent and/or the new registered orner address neve	•	
N CN D Count A Count		€ 100 E
Name of New Registered Agent:		r + m
New Registered Office Address:	e Projection (1)	
	Enter Florida street address	· (_)
	, Florida	'Zip Code'
	City	zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further ag	ree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
		-	
			Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	Add
			Change
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If an effe	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated ₋	Feb. 16 2018.
	Signature of a member or authorized representative of a member
	Shoul na Rogers
	Page 3 of 3

Filing Fee: \$25.00