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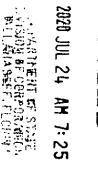
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SEP 15 2020 S. YOUNG

COVER LETTER

TO: Registration 3 Division of C			
	Realty Investors, ŁLC		
SUBJECT:	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are sub pondence concerning this matter	<u>-</u>	
	Keith A. Carswell		
		Name of Person	
	Carswell Realty Investors,	LLC	
		Firm/Company	
	2140 NW 114 Street		
		Address	
	Miami, FL 33167		
	KCarswell01@GMail.Com	City/State and Zip Code	
	-	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Keith A. Carswell		305 299-5780	
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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)
		0	

Mailing Address:

f TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

떯

Carswell Realty Investors, LLC		慧星刊
(Name of the Limited Li (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	2 -
The Articles of Organization for this Limited Liabil Florida document number L17000023766	ity Company were filed on 01/30/2017	and signed
This amendment is submitted to amend the following	g:	25 25 E
A. If amending name, enter the new name of the	limited liability company here:	
Phoenix Consulting and Development Group, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	 	· · · · · · · · · · · · · · · · · · ·
Trincipal office dualess brogs be first REEL 71		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	Q	
B. If amending the registered agent and/or registagent and/or the new registered office address he		name of the new registered
Ni sa SNI sa Di Sa Il A		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Floric	
	City	Zip Code

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			Add
			□ Remove
			□Change
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			☐ Change
			□Remove
			□ Change

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