# LIMOODEASSY

(R	equestor's Name)
(A	ddress)
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(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Occument Number)
Certified Copies	Certificates of Status
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04/05/17--01022--007 \*\*30.00



# **COVER LETTER**

TO: Registration Division of C	Section Corporations							
	EALTY, LLC.							
Name of Limited Liability Company								
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.						
Please return all corre	spondence concerning this matter	to the following:						
	Stewar Tavarez							
	<del> </del>	Name of Person						
	Tavarez Law, P.A.							
	<del></del>	Firm/Company						
	1060 woodcock rd							
		Address						
	Orlando, FL 32803							
		City/State and Zip Code						
	stewar@tavarezlaw.com							
	E-mail address: (	to be used for future annual report notif	fication)					
For further informatio	n concerning this matter, please c	all:						
Luciana Mino		321 295-3921						
Nan	e of Person	at () Area Code Daytime	e Telephone Number					
Enclosed is a check for	r the following amount:							
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fec & 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
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

PHAS REALTY, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3/17/2017 and assigned Florida document number L17000062324 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

### 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>	<u>Address</u>	Type of Action
MGR	Nicolas A. Mino	6800 Hanging Moss rd	□ Add
		Orlando, FL 32807	■ Remove
AP	Aldo H. Hazard	6800 Hanging Moss Rd	Add
		Orlando, FL 32807	□ Remove
			☐ Change
			Add
		<del></del>	☐ Remove
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n effective date is listed, the date mute: If the date inserted in this b	st be specific and ock does not n	t cannot be prior to neet the applica	o date of filing o	r more than 90 da ling requiremer	ys after filing.) Pursuants, this date will no	int to 605.0 of be listed
cument's effective date on the D	epartment of S	State's records.	·			
record specifies a delayed The 90th day after the rec			an effectiv	e time, at 12	!:01 a.m. on th	e earlie
ted April 4		, 2017				

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Typed or printed name of signee

Filing Fee: \$25.00