-17000128392

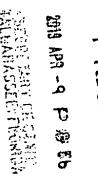
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COVER LETTER

	Registration Sect Division of Corpo			******
SUBJEC	T:	T.T'S Pressi Name of Limi	Irl Washing ted Liability Company	LLC
The enclo	sed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please ret	urn all correspond	lence concerning this matter t	o the following:	
		Justi	Name of Person	1 CKS
			-	
			Firm/Company	
	. (401260	Prolld mockin	gbird rd
		Zephryh	City/State and Zip Code	
		F-mail address: (10	APP WASHING To be used for future annual report no	1@gmail. Cum
For furthe	er information cor	cerning this matter, please ca	11:	
J	USTIN H	erson Person	at (S13) 727 Area Code Daytir	9013 ne Telephone Number
Enclosed	is a check for the	following amount:		
□ \$ 25.0	0 Filing 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 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

(Name of the Limited Liability Com (A Florida Limite	contract of the contract of th
The Articles of Organization for this Limited Liability Compar Florida document number <u>L17000128392</u> .	ny were filed on TANDER and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	PHU SPRVICES LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	40126 proud mackingibiled f
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	40126 Proud makingbird Pal 2e phryviris Fl 33540
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new nere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:
I hereby accept the appointment as registered agent and a	agree to act in this capacity. I further agree 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Tiffcini Hendricks	40126 proud	🔀 Add
		mocking bied Rel	□ Remove
		2e physphills FL-335	HÛ□ Change
AMBR	michael Lochr	40120 proud	Add
		makingbird Rd	Remove
		Zephryhills FL 3354	□ Change
			Remove
			Change
		<u>.</u>	🗖 Add
			Remove
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			Remove
			Change

	
	
	
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the (b) The 90th day after the record is filed.	earlier of:
Dated April 2 2019. Tustin Handii (KS	
Tustin Hendlicks	
Signature of a member or authorized representative of a member	_
Justin Hendricks Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00