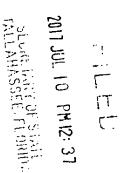
# 117000134637

(R	equestor's Name)
(Ad	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
RECEPTOR	
201 SE	Office Use Only



100301110651

07/11/17--01005--001 \*\*30.00



K SALY JUL 12 2017

# **COVER LETTER**

TO: Registration Section Division of Corporation			
subject: <u>Phòen</u>	ix Total Ser Name of Limi	TVICES LLC ited Liability Company	<del></del>
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Desirce F	UCTY Name of Person	
		Firm/Company	<del></del>
	12110 Echo	Basin Cv.	
	Riverview,	FL 33579 City/State and Zip Code	
	Marleychoc E-mail address: (1	olate@gmail.Con	cation)
For further information conc	cerning this matter, please ca	all:	
Descree Name of Pe	Parry	at ( <u>813</u> ) <u>356 - C</u> Area Code Daytime	7903 Telephone Number
Enclosed is a check for the I	following amount:		
□ \$25.00 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

F11 "

OF	- 2017	LEL
Phoenix Total Service  (Name of the Limited Liability Companic A Florida Limited Liability)	S LLC SECULARIAS SECURIAS SE	10 PH 12: 37
The Articles of Organization for this Limited Liability Company volument number <u>L17000134637</u> . This amendment is submitted to amend the following:	vere filed on <u>June</u> 20, 2017 ar	nd assigned
A. If amending name, enter the new name of the limited liabil	ity company here:	
he new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)	y Company," the designation "LLC" or the abbreviati	on "L.L.C."
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )	P.O. Box 193 Riverview, FL 33568	
3. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		ame of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	

### 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.

City

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
AMBR	Desiree Parry	12110 Echo Basin Cu	
	,	12110 Echo Basin Cu Riverview, FL 33579	Remove
			Change
			Add
			Remove
			hange-7
		<u> </u>	Thange - Thange - Thange
			A Remove
			☐ Change
			Add
			Remove
			Change
			□ Add
		☐ Remove	
			☐ Change
			□ Remove
			Change

		······································	<b>±</b> € 1		
				····	The state of the s
					500
					75.
					100 K
	,				
			<del>.</del>		
					<del></del>
			<u></u>		
ctive date, if other tha	n the date of filin	ng:	1 . 2.71	(optiona	1)
ffective date is listed, the date. If the date inserted in t	his block does not	meet the applical	ole statutory filing re	man 90 days after fift equirements, this da	te will not be listed a:
ment's effective date on	the Department of	State's records.			
ecord specifies a del	laved effective	date but not	an effective tim	a at 12:01 a m	on the arrior of
e 90th day after the	e record is filed		מוז פוופכנועפ נוווו	e, at 12.01 a.ii	. on the earner o
7					
a <u>July S</u>		. <u>2017</u>	_•		
r					
	Signature of a	member or author	ized representative of	ı member	••

Page 3 of 3

Filing Fee: \$25.00