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Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
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SEUNE JARY OF STATE TALLAHASSEE, FLORIDA

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FILED

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Phax3pm, LLC	ne of Limited Liability Company	
Dear :	Sir or Madam:		
The e	nclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning th	is matter to the following:	
	Betty Tom Name of Person		
	Phase 3 pm, LLC Firm/Company		
	3034 Chapin Pa	- mal	2018
	Odes) A FL 33 City/State and Zip Code	S56 SEE PLORES	TILLU 2018 NAR 21 A 10: 40
	E-mail address: (to be used for future ann	nual report notification)	0
For fu	orther information concerning this matter.	please call:	
	Betty Tom	at (727) 452-4753	_
	Name of Person	Area Code & Daytime Telephone Number	er
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the following	; amount:	
	S \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Phuse 3 Pm, 1 (Name of the Limited Liability Compar (A Florida Limited L	Ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L17000157410</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	2010 HAR 2
B. If amending the registered agent and/or registered off 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 Degistered Agent's Signature if changing Degistered Agents	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

Title	<u>Name</u>	Address	Type of Action
AMBR	Christopher Palumidis JR.	3034 Chapin Pass	🖳 🖸 Add
		Odesja FL 33556	Remove
			Change
AMBR	Misty C Moon	4690 87th Terrace N	🖸 Add
		Pinellas Park FL 33782	□ Remove
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Filing Fee: \$25.00