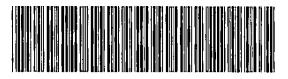
L17000 183286

(Requ	estor's Name)	
(Addre	ess)	. – – –
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busir	ness Entity Nar	ne)
(Docu	ment Number)	
•	,	
Certified Copies	Certificates	s of Status
	ocraneate.	or claus
		
Special Instructions to Fil	ing Officer:	
ı		

Office Use Only



100305179561

11/01/17--01018--007 *+25.00

K SALY NOV - 2 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Phillo LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tom Phillips Name of Person
Phillo LLC Firm/Company
307 Country Meadows Way
Bradenton PL 34212 City/State and Zip Code Tom @ Odrfl cons
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tom Phillips at (941), 920-2147 Name of Person at (941), Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 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

	201700-
	2017 OCT 31 PM 12: 02
<u>i.</u> J	ATTIMATE OF THE PARTY OF

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

_, Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Title Name | **Address** Type of Action Carrie Phillips 307 Country Meadows Way Krada Bradenton, FL 34212 _□ Change _□ Add ☐ Remove ☐ Remove __ Chan্রি _□ Add _□ Remove □ Change ☐ Remove _□ Change □ Add _□ Remove

_□ Change

	2017 OCT 31 PA
	TATALASTICAL
	311/33/32/2013
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
ctive date, if other than the date of filing:	(optional)
e: If the date inserted in this block does not meet the applicable statutor	y filing requirements, this date will not be listed a
ament's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effect	him him and 12.01 and a second to the
ne 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier o
ed	
Signature of a member or authorized represe	ntative of a member

Page 3 of 3

Filing Fee: \$25.00