

117000183286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

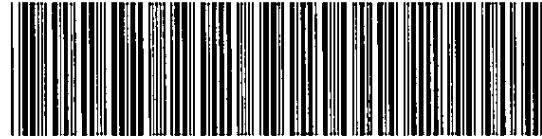
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/18/21--01029--006 **25.00

FILED
2021 OCT 18 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FL

Tom and Carrie Phillips

307 Country Meadows Way
Bradenton, FL 34212
941-920-2147 (Tom's cell)
941-400-2383 (Carrie's cell)
tom@pdrfl.com
carrie@pdrfl.com

10/14/2021

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

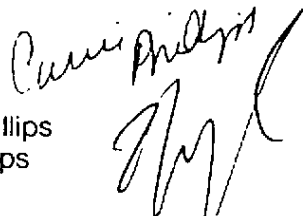
Re: PHILLCO LLC Document number L17000183286

To whom it may concern:

In order to amend the entity we were directed to fill out the Amendment PDF when we inquired on how to do the following: We want the ownership of the LLC to be husband and wife as members, but list as "husband and wife, as tenants by the entireties." Furthermore, we were instructed to fill out the Amendment PDF and include a check for \$25 made payable to Department of State. We are including both with this cover letter.

Regards,

Carrie Phillips
Tom Phillips

Handwritten signatures of Carrie Phillips and Tom Phillips. The signature of Carrie Phillips is written above the signature of Tom Phillips. Both signatures are in black ink and are stylized.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHILLCO 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:

Carrie Phillips
Name of Person

Firm/Company

307 Country Meadows Way
Address

Bradenton, FL 34212
City/State and Zip Code

carrie@pdrfl.com
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 Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PHILLCO 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 8-28-2017 and assigned Florida document number L 17000183286.

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)

FILED
2021 OCT 18 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FL

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**
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Tom Phillips	307 Country Meadows Way	<input type="checkbox"/> Add
Add:	"Husband and wife as Tenants by the Entireties"	Bradenton, FL 34212	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Carrie Phillips	307 Country Meadows Way	<input type="checkbox"/> Add
Add:	"Husband and wife as Tenants by the Entireties"	Bradenton, FL 34212	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

We want the ownership of the LLC
to be husband and wife as members,
but list as "husband and wife, as
tenants by entireties."

E. Effective date, if other than the date of filing: _____ (optional)

(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 to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 earlier of: (b) The 90th day after the record is filed.

Dated

Oct 14 2021

Carrie Phillips

Signature of a member or authorized representative of a member

Carrie Phillips

Typed or printed name of signee

Tom Phillips

Tom Phillips