117000206075

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	IP WAIT MAIL
	(Business Entity Name)
	(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor			3
CHID I	PHS Holdin	ngs LLC		
SUBJ.	ECT:		ited Liability Company	
The er	nclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Eric Malinasky		
			Name of Person	
		PHS Holdings LLC		
			Firm/Company	
		1946 Tyler St. Suite 7		
			Address	
		Hollywood, Florida 33020		
			City/State and Zip Code	
		homeventureinvestments@g	ginail.com to be used for future annual report notif	iention)
For fu	rther information c	oncerning this matter, please ca	•	(Canon)
Eric N	łalinasky		954 682-6366	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	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

PHS Holdings LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records a Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C Florida document number L17000206075	Company were filed on 10/05/2017	and assigned
Florida document number	<u></u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
PHS 3006 Holdings, LLC		
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		s, enter the name of the nev
New Registered Office Address:		
	Enter Florida street addres.	s
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performance of my duties, an egent as provided for in Chapter 605, i ed office address, I hereby confirm the	ad I am familiar with and F.S. Or, if this document is at the limited liability

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			_ ☐ Remove
			Change
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Note: If the date inserted in this blo document's effective date on the De	date of filing: be specific and cannot be prior to date of filing or mock does not meet the applicable statutory filing partment of State's records. effective date, but not an effective to	g requirements, this date will not be listed
The 90th day after the reco	ord is filed.	
Dated	. 2017	
	Malus Signature of a member of authorized representative	of a member
	organists of a member of authorized representative	T 23
Eric Malinasky	Typed or printed name of signee	
		108 1.08 1.08
	Page 3 of 3	

Filing Fee: \$25.00