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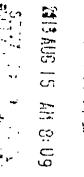
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Y SULKER AUG 21 2019

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Phoenix Cons	Truction Cyrup II LL Name of Limited Liability Company	,,,
The enclosed Articles of Amendment and fe	e(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Migi	AGUICU/ Name of Person	
Phoen	IX CONSTRUCTION CAPO	SUP IL LUC
4211	W WAters Ave Address	
<u>tan</u>	1Pa FL 33614 City/State and Zip Code	
E-in	ail address: (to be used for future annual report	notification)
For further information concerning this matt	er, please call:	
MIGUEL AQUICK Name of Person	at (<u>213</u>) <u>30</u> Area Code Day	98 0055 ytime Telephone Number
Enclosed is a check for the following amoun	t:	
S25.00 Filing Fee S30.00 Filing Certificate of		☐ \$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

Phoenix Construction (Name of the Limited Liability (A Florid	lity Company as It now appears on orda Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Florida document number <u>LY100232512</u>	Company were filed on	(A) and assigned	đ
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designat	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi	istered office address on our	records, enter the name of the	he no
registered agent and/or the new registered office ad-	<u>dress here</u> :		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	eet 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 add or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MAR	Kerth Savage	3205 Kilmer Drive	□ Add
	·	Plant City FL 33566	Remove
			Change
MGR	Miguel Agular	15500 FUNITING CITCLE	II Add
	_	Ochessa FL 33554	□ Remove
			Change
			🗆 Add
		<u></u>	□ Remove
			Change
			Remove
			Change
			Remove
			Change
			Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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(If an effective Note: If	e date, if other than the date of filing:
he reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	8/9/19
	Signature of member/or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00