# L180000 29943

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### **COVER LETTER**

fO:	Registration Sec Division of Corp					
SUBJE	CI:	Name of Limi	ted Liability Company	<del></del>		
The enc	losed Articles of .	Amendment and fee(s) are subi	nitted for filing.			
Please r	eturn all correspo	ndence concerning this matter (	to the following:			
		MARSHA SIHA				
		INCFILE.COM LLC	Name of Person			
		PHILLIPS GLOBAL LLC  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following:  MARSHA SIHA  Name of Person  INCFILE.COM LLC  Firm/Company  17350 STATE HWY 249 STE 220  Address  HOUSTON, TX 77064  City/State and Zip Code  EFILE1234@INCFILE.COM  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  HA  Name of Person  Name of Person  Daytime Telephone Number  check for the following amount:				
	17350 STATE HWY 249 STE 220 Address					
		HOUSTON, TX 77064				
		EFILE1234@INCFILE.CO	•			
		E-mail address: ()	to be used for future annual report notifi	cation)		
For furt	her information c	oncerning this matter, please ca	all:			
MARS	HA SIHA					
<u> </u>	Name o	f Person		Telephone Number		
Enclose	ed is a check for th	ne following amount:				
□ \$25	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		

#### MAILING ADDRESS:

TO:

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

	PHILLIPS GLOBAL LLC	
(Name of the Limited Li	ability Company as it now appears on our records.)	
(A)	orida Elillica Elacinty Company)	
The Articles of Organization for this Limited Liabil	ty Company were filed on 02/02/2018	and assigned
Florida document number L18000029943		
This amendment is submitted to amend the following	g:	
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" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	; <u> </u>	
(Principal office address MUST BE A STREET A	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)  of Organization for this Limited Liability Company were filed on 02/02/2018 and assigned ment number L18000029943  ent is submitted to amend the following:  ing name, enter the new name of the limited liability company here:  nust be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  rincipal offices address, if applicable:  fice address MUST BE A STREET ADDRESS)  hailing address, if applicable:  ress MAY BE A POST OFFICE BOX)  ding the registered agent and/or registered office address on our records, enter the name of the new registered office address here:	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	- Co
•		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, address here:	enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
The Registered Chief Hames.	Enter Florida street address	
	, Flor	
_	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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DANIELLE PHILLIPS	8431 SW 44TH PL	
AMBK			
		DAVIE, FL 33328	
			Remove
			☐ Change
	TAYLOR PHILLIPS	8431 SW 44TH PL	
AMBR			Add
		DAVIE, FL 33328	
			Remove
			<b>5</b> 0
	THE PROPERTY OF THE LINE	8431 SW 44TH PL	□ Change
AMBR	HUNTER PHILLIPS	04,11 5W 441111 L	
		DAVIE, FL 33328	
			■ Remove
			Change
AMBR	ALLYSSA PHILLIPS	134 ORCHARD ST APT 12	□ Add
		NEW YORK, NY 10002	
			Remove
			<del></del>
			Change
			□ Remove
			Change
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Note:	ive date, if other than the date of filing:
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
the rec	90th day after the record is filed.  JULY 20 2019
the rec	90th day after the record is filed.

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Filing Fee: \$25.00