## 1180000 58108

(Requestor's Name)
(Address)
( in the state of
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ming officer.

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## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC		OENIX INVESTMENTS LLC		
,0031;(		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please re	turn all correspo	ondence concerning this matter	to the following:	
		TOMER MULAIM		
			Name of Person	
		GOLD PHOENIX INVES	TMENTS LLC	
			Firm/Company	
		14954 SW 39TH STREET	•	
			Address	
		DAVIE, FL 33331	:	
		tomermulaim@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report r	notification)
For furth	er information c	oncerning this matter, please ca	all:	
TOMER	MULAIM		305 436-0038	
	Name o	f Person		time Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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)
	MAIL	ING ADDRESS:	STREET/COU	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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  $\frac{03/05/2018}{1}$ and assigned Florida document number L18000058108 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 "LLC." Enter new principal offices address, if applicable: 14954 SW 39TH STREET (Principal office address MUST BE A STREET ADDRESS) **DAVIE, FL 33331** 14954 SW 39TH STREET Enter new mailing address, if applicable: DAVIE, FL 33331 (Mailing address MAY BE A POST OFFICE BOX) 60 B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: TOMER MULAIM Name of New Registered Agent: 14954 SW 39TH STREET New Registered Office Address: Enter Florida street address DAVIE

## 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being addor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Page 3 of 3

Filing Fee: \$25.00