L18000225013

(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

Division of Co	orporations		
D&D RD SUBJECT:	COMPANY LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARTA JACOFSKY		
		Name of Person	
	PH 29 COMPANY LLC		
		Firm/Company	
	323 S 21st Avenue Suite C		
		Address	
	Hollywood Fl 33020		
		City/State and Zip Code	
	info@mejaccounting.com		·)
		to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	U
MARTA JACOFSKY		954 505-3219 at ()	::
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:

TO:

Registration Section

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

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on _	09/21/2018	and assigned
Florida document number L18000225013		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	nere:	
PH 29 COMPANY LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the ab	obreviation "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)		
	-	
		\(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}{2}\)
B. If amending the registered agent and/or registered office address o	n our records, enter	~> 9
registered agent and/or the new registered office address here:		Ü · i

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

D&D RD COMPANY LLC

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Name	Address	Type of Action
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ective date, if other than the da	te of filing:	(optional) iling or more than 90 days after filing.) Purs	ച
te: If the date inserted in this block ument's effective date on the Department.	does not meet the applicable statute	ory filing requirements, this date will	not be listed a:
record specifies a delayed e he 90th day after the record	ffective date, but not an effe d is filed.	ective time, at 12:01 a.m. on t	he earlier o
SEPTEMBER 24	2018		
120 11 /2			
	nature of a member or authorized repre		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

State of Florida Department of State

I certify from the records of this office that D&D RD COMPANY LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on September 21, 2018, effective September 19, 2018.

The document number of this company is L18000225013.

I further certify that said company has paid all fees due this office through December 31, 2018, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 180924164251-800318682868#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty Fourth day of September, 2018



Ken Detzier Secretary of State