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## **COVER LETTER**

TO: Registration Division of C			
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Sobsect.		ited Liability Company	
		_	
Please return all corres	pondence concerning this matter	to the following:	
	Lorenzo Williams		
	<del></del>	Name of Person  Group LLC  Firm/Company  Berkford Circle  Address  and, FL 33810  City/State and Zip Code  D@phinixgroup.com  E-mail address: (to be used for future annual report notification)  this matter, please call:  at (407 493-8001  at (407 Area Code Daytime Telephone Number)  g amount:  00 Filing Fee & \$\Bigs \$55.00 Filing Fee & \$\Bigs \$60.00 Filing Fee, \Bigs \$\Bigs \$\B	
	Division of Corporations  Phinix Group LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  ase return all correspondence concerning this matter to the following:  Lorenzo Williams  Name of Person  Phinix Group LLC  Firm/Company  2727 Berkford Circle  Address  Lakcland, FL 33810  City/State and Zip Code  Lorenzo@phinixgroup.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  renzo Williams  Name of Person  Name of Person  Name of Person  Area Code  Daytime Telephone Number  S25.00 Filing Fee  Certificate of Status  Certificate copy Certificat Copy  Certificat Copy  Certificat Copy  Certificat Copy  Certificat Copy  Certificat Copy  Certificat Copy  Certificat Copy  Certificat Copy  Certificat Copy  Certificat Copy  Certificat Copy  Certificat Copy		
	<del></del>	Firm/Company	<del></del>
	2727 Berkford Circle		
	-	Address	
	Lakeland, FL 33810		
	Lorenzo@phinixgroup.com	Name of Limited Liability Company  dment and fee(s) are submitted for filing.  the concerning this matter to the following:  Deprezo Williams  Name of Person	
	<del>-</del>		cation)
For further information	n concerning this matter, please co	all:	
Lorenzo Williams	Lorenzo Williams    Name of Person		
Name	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	r the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

Phinix Group LLC				
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on or liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL19000052768		22/2019	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designat	tion "LLC" or the abbre	eviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	<u> </u>	
			<u></u>	
			(2)	
Enter new mailing address, if applicable:		20 - 1 	<b>4</b>	
(Mailing address MAY BE A POST OFFICE BOX)			<b>F</b> (5)	
		70.25	<u> </u>	
		<u></u>	5	
B. If amending the registered agent and/or registered of	Tice address on our	records, enter th	e name of the no	
registered agent and/or the new registered office address here	21			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre	ze to act in this capac	city. I further agre	e to comply with to	
provisions of all statutes relative to the proper and complete	-		, ,	

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Name</u>	Address	Type of Action
AMBR	Lorenzo D Williams	2727 Berkford Circle Lakeland, FL 33810	<b>≘</b> ∧dd
			□ Remove
			Change
AMBR	Sharon Knauth	2727 Berkford Circle Lakeland, FL 33810	■ Add
			☐ Remove
			□ Change
		_	
			□ Remove
			Remove
			Change
		<del></del>	Add
			□ Remove
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier. The 90th day after the record is filed.  Dated  Signature of a member or authorized representative of a member.							·· <del>-</del>	_
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. 1.								
Lorenzo Williams Typed or printed name of signee		Signature of	a-member or auth	orized representat	ve of a member			

Page 3 of 3

Filing Fee: \$25.00