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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Division of C	Section Corporations				
SUBJECT:	Michella Rha Name of Lim	Q L Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	mich	nelle Rhea		-	
		ranic of relival		2019	
		Firm/Company		2019 APR - 3	HP 197
	2826 Rap	piclan Trail		ω	ESSENTIAL PROPERTY.
				AH IO: O4	
	Winter Hank	FL 32789		12 9	
	michelle @	FL 32-789 City/State and Zip Code The Giant group to be used for future annual report notif	, CY'Q		
For further informatio	n concerning this matter, please ca	all:			
Michel [*]	Le Rhea	at (407) 7 33- Area Code Daytime	S636 Telephone Number	r	
Enclosed is a check fo	or the following amount:				
文 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

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

Michelle,	Rhea LLC					
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on o Limited Liability Company)	ur records.)				
The Articles of Organization for this Limited Liability C	ompany were filed on	and assigned				
Florida document number	_·					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limi	ted liability company here:					
Phea LLC						
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa					
Enter new principal offices address, if applicable:		2019				
(Principal office address MUST BE A STREET ADDR	(ESS)	APROPRO				
Enter new mailing address, if applicable:		AH IO:				
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered agent and/or the new registered office additional and the new registered office additional and the new registered of the n	-	records, enter the name of the nev				
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	Z1:	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	James V. Rhen		Add
		2826 Rapidon Treil Winter Port Fil	⊅ -Remove 32.789
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			🖸 Add
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E. 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 605.020. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	07 (3)(b (s the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.	of:
Dated 3 26 19	
ellichelle	
Signature of a member or authorized representative of a member	
Michelle Rhea Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00