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## COVER LETTER

TO:	Registration Section Division of Corporation					:	٠	
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SUBJE	:CT:	INUL	Name of Limite	d Liability C	ompany		<del></del>	
The en	closed Articles of Am	endment and f	ee(s) are subm	itted for fili	ายู.			
Please	return all corresponde	nce concernin	g this matter to	the followi	ng:			
			Lor	Y WA	<u>MA CE</u>			
			0	Name o	f Person			
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Enclos	ed is a check for the fo	ollowing amou	int:					
□ <b>\$</b> 2	5.00 Filing Fee	\$30.00 Filia Certificate	ng Fee & of Status	Certifi	Filing Fee of ed Copy nal copy is enc		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHISE CLAMETICS L.	L.U.	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 3 · 4 · 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
	10/11	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	ب ن
	11/17	<u></u>
B. If amending the registered agent and/or registered office:	address on our records, enter the n	ame of the new registered
agent and/or the new registered office address here:	<u> </u>	·=)
Name of New Registered Agent:	n ( ) A	2: 14
New Registered Office Address:	N/H	
	Enter Florida street address	
	, Florida	Zip Code
	- 79	

## 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 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>	<u>Address</u>	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_ (optional) (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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated 3.17-