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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

: (855)330-1010 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RYDE AND VYBE L.L.C.

Certificate of Status	0
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APR 20 2021

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RYDE AND VYBE L.L.C.	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{C}{C}$ Florida document number $\frac{L19000088638}{L19000088638}$	04/01/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
Phoenix Equity Solutions LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
·	77
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	in the second se
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	20
3. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: Name of New Registered Agent:	on our records, <u>enter the name of the ne</u>
New Registered Office Address:	
Enter I	Florida street address
	, Florida
Ciry	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 Type of Action Address Title <u>Name</u> □ Add ☐ Remove ☐ Change _O Add _□ Remove ☐ Change □ Add □ Rémove □ Chánge _□ Add ☐ Remove □ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove

☐ Change

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Note	tive date, if other than the date of filing:	iant to 605. ot be liste	.0207 (3)(b) ed as the
If the re	ecord specifies a delayed effective date, but not an effective time, at $12.01\mathrm{a.m.}$ on the $90\mathrm{th}$ day after the record is filed.	ne earlie	er of:
Date	,04/22 2021		
	Signature of a member or authorized representative of a member		
	Signature of a member of authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00