L19000119993

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
sign last Pg.				

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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 30, 2024

SORAYA MEIRA 7802 KINGSPOINTE PKWY STE 203 ORLANDO, FL 32819

SUBJECT: PHD FREITAS, LLC Ref. Number: L19000119993

We have received your document for PHD FREITAS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign the last page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 324A00011776

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHO FREITAS LEC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 05/02/2019	and assigned
Florida document number L19000119993		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		S 20
		PA J
B. If amending the registered agent and/or registered office	address on our records, enter the	name of the new negistered
agent and/or the new registered office address here:		
		PH 12:
Name of New Registered Agent:		 무월
New Registered Office Address:	···	
	Enter Florida street address	
	, Floric	
	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>	Name	Address	Type of Action
MGR	DANILO FREITAS BARBOSA	1238 TIMBERBEND CIRCLE	□Add
		ORLANDO, FL 32824	■Remove
			□ Change
			🗆 Remove
			□ Change
			Remove
			Ghange JUN 14 P
			TIA 0
			□ Add
			□Remove
			□Add
			□ Remove
			□ Change

	nation, enter change(s) here: (Attach additional)	
		
		
		2024 SEC T.
		CORPET TOUR
		수걸 -
E. Effective date, if other than the	he date of filing:	ASSET ASSET
(If an effective date is listed, the date n	nust be specific and cannot be prior to date of filing or more the block does not meet the applicable statutory filing req	an 90 days after filing.) Pursuant to 605.0207 (3)(uirements, this date will not be listed as the
If the record specifies a delayed effec record is filed.	tive date, but not an effective time, at 12:01 a.m. on the	e earlier of: (b) The 90th day after the
Dated MAY 7TH	2024	
A DOWN FR	EITH BIDE BEST Signature of a member or authorized representative of a	
W -	Signature of a member or authorized representative of a r	nember
DANILO FREITRAS	BARBOSA, AMBR	
	Typed or printed name of signee	

Filing Fee: \$25.00