119000130174

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COVER LETTER

Division of Co			
Phillips Er	nergy	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Scott Beaver		
Phillips P.O. Bo		Name of Person	<u> </u>
	Phillips Energy		
		Firm/Company	
	P.O. Box 6401		
		Address	
	Pensacola FL 32503		
		City/State and Zip Code	
	orders@phillips-energy.cor	n to be used for future annual report notifie	ation)
For further information (·	,
Scott Beaver		850 393-0923	
Name o	of Person		elephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Secti	on

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

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

FILED

Phillips Energy, LLC

2022 JUL 25 AM 9: 12

(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	TALL AHASSEF FI
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000130174</u> .	were filed on 5/14/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation "	LEC" 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)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	dress
		. 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 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
AMBR	Jamie Ledford	3359 Copter Rd #2 Pensacola FL 32514	
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			□Remove
			☐ Change
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m effect ote: - If	e date, if other than the date of filing:	o 605,0207 : listed as
ecord s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day d.	after the
ited	· · · · · · · · · · · · · · · · · · ·	
	Scott D Beaver Signature of a member or authorized representative of a member	
	riginative of a memory of admitted representative of a memory	

Filing Fee: \$25.00