

119000 166447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

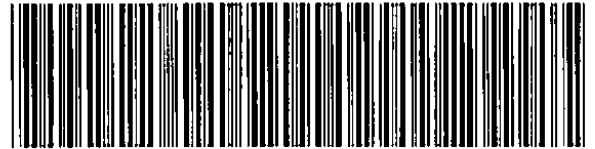
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200346755282

06/22/20--01021--021 \*\*25.00

2020 JUN 22 AM 7:06

AUG 06 2020

S. YOUNG

TO: Registration Section  
Division of Corporations

SUBJECT: PHOENIX ELM LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William G. Shofstall, Esquire

\_\_\_\_\_  
Name of Person

Law Office of William G. Shofstall

\_\_\_\_\_  
Firm/Company

P.O. Box 210576

\_\_\_\_\_  
Address

West Palm Beach, Florida 33421

\_\_\_\_\_  
City/State and Zip Code

wgs0315@aol.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William G. Shofstall, Esquire

561

641-2600

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for 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)

**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

TO  
ARTICLES OF ORGANIZATION  
OF

PHOENIX ELM LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/25/2019 and assigned

Florida document number L19000166947

2020 JUN 22 AM 7:06

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:**

1502 Wagner Circle

**(Principal office address MUST BE A STREET ADDRESS)**

West Palm Beach, Florida 33406

**Enter new mailing address, if applicable:**

1502 Wagner Circle

**(Mailing address MAY BE A POST OFFICE BOX)**

West Palm Beach, Florida 33406

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

WILLIAM G. SHOESTALL

New Registered Office Address:

828 Squire Drive

*Enter Florida street address*

Wellington

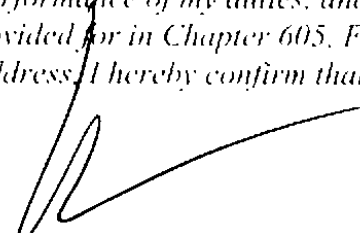
*City*

Florida 33414

*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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
AMBR	ERIC W. TODD	3011 Shaughnessy Drive	<input type="checkbox"/> Add
		Wellington, Florida 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN KOLSHAK	1502 Wagner Circle	<input checked="" type="checkbox"/> Add
		West Palm Beach, Florida 33406	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANNY POTTER	1520 Buck Street	<input checked="" type="checkbox"/> Add
		Lake Placid, Florida 33852	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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

6/19/20

Signature of a member or authorized representative of a member

WILLIAM G. SHOESTALL, Esquire

Typed or printed name of signee