

L19000166947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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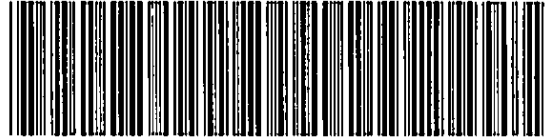
(Business Entity Name)

(Document Number)

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COVER LETTER

**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:

David L. Gorman

Name of Person

David L. Gorman, P.A.

Firm/Company

618 U.S. Hwy One, Suite 303

Address

North Palm Beach, FL 33408

City/State and Zip Code

dlgorman@gormanlawpa.com

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

For further information concerning this matter, please call:

David L. Gorman

561 842-0808
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

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RECEIVED
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
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 June 25, 2019 and assigned
Florida document number L19000166947.

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:

(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 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:

New Registered Office Address:

Enter Florida street address

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Janetter L. Potter	1520 Buck Street	<input checked="" type="checkbox"/> Add
		Lake Placid, FL 33852	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Janette L. Potter	1520 Buck Street	<input checked="" type="checkbox"/> Add
		Lake Placid, FL 33852	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	John Kolshak	1502 Wagner Circle	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33406	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John Kolshak	1502 Wagner Circle	<input type="checkbox"/> Add
		West Palm Beach, FL 33406	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Danny Potter	1520 Buck Street	<input type="checkbox"/> Add
		Lake Placid, FL 33852	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Danny Potter	1520 Buck Street	<input type="checkbox"/> Add
		Lake Placid, FL 33852	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRET
TVA

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.

Dated December 1, 2022

Signature of a member or author

David L. Gorman

Typed or printed name of signee