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(Requ	estor's Name)	
(Addr	ess)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	
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2020 FEB - 6 PH 3: 07

SECRETARY OF SAME.

Y SULKEP FEB 0 7 2020 PHOENIX MANA CONSULTING GROUP LLC

24652 CALUSA BLVD EUSTIS, FL 32736

January 16, 2020

SUBJECT: PHOENIX MANA CONSULTING GROUP LLC

Ref. Number: L19000292990

We have received your document for PHOENIX MANA CONSULTING GROUP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Signature page missing.

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.

Yasemin Y Sulker Regulatory Specialist III

2020 FEB - 6 AH 10: 56

Letter Number: 720A00001307

COVER LETTER

TO: Registration So Division of Co		·	
	ana Consulting Group LLC		
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:	
	Maria Isabel Collins		
		Name of Person	
	Phoenix Mana Consulting	Group LLC	
		Firm/Company	
	24652 Calusa Blvd		
	<u> </u>	Address	
	Eustis, FL 32736		
	-	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	isabelcollinsrealtor@gmail.		
r., 6.41 i-6		to be used for future annual report not	incation)
	concerning this matter, please o		
Maria Isabel Collins		305 467-4739 at ()	
Name	of Person	Area Code Daytin	ne Telephone 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)
Mailing Addre Registration		Street Address: Registration Se	ection
Division of (Division of Co	rporations
P.O. Box 63		The Centre of	Tallahassee oe Street, Suite 810
Tallahassee,	アレ 32314	Z415 IN. MONIC	Je Bucci, Buile 010

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited</u> (A	Liability Company as it now appears or Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number 1900292	bility Company were filed on <u>N D</u>	VIMber 27, 2019 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>ox</u>)	TALL ALL SECTION
B. If amending the registered agent and/or reg agent and/or the new registered office address		rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
	City	, Florida Zip Code
	City	Zip Cone

New Registered Agent's Signature, if changing Registered Agent:

3

Phoenix Mana Consulting Group LLC

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>	Address	Type of Action
AR	Maria Jose Ramirez	21165 Helsman Dr. #G14 Aventura, FL 33180	🗆 Add
			≣Remove
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Effecti	re date, if other than the date of filing: 0101(2020 (optional)
Note:	ctive 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 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docume	ent's effective date on the Department of State's records.
e recorc	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
ord is file	01/27 2020
rd is file	01/27 2020 Pelles O Col
ord is file	2020 Signature of a member or authorized representative of a member

Filing Fee: \$25.00