h20000052737

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (133,333) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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2022 HAR - 4 AM 8: 12 SECREDIARY DESIGN

J 3/11/2022

COVER LETTER

| TO: | Registration Sec Division of Cor | | 5 • • • | 3 |
|---|-------------------------------------|--|---|--|
| S118 113 | The Miami | Pass LLC | | |
| SUBJE | C1: | ited Liability Company | | |
| The enc | closed Articles of . | Amendment and fee(s) are sub- | mitted for filing. | |
| Please r | return all correspo | ndence concerning this matter | to the following: | |
| | | Michael Dempsey | | |
| | | | Name of Person | |
| | | ZenBusiness Inc. | | |
| | | | Firm/Company | |
| | | 5511 Parkerest Drive Suite | 103 | |
| | | | Address | |
| | | Austin, Texas, 78731 | | |
| | | | City/State and Zip Code | |
| | | fulfillment@zenbusiness.co | | |
| | | E-mail address: (| to be used for future annual report not | itication) |
| For furt | ther information c | oncerning this matter, please ca | all: | |
| Michael Dempsey c/o ZenBusiness Inc. | | | 844 493-6249 | |
| | Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclose | ed is a check for th | ne following amount: | | |
| ≡ \$2: | 5.00 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 Addres | | <u>Street Address:</u> Registration Se | ection |
| Registration Section Division of Corporations | | | Division of Co | |
| | P.O. Box 632 | .7 | The Centre of | Tallahassee |
| | Tallahassee, I | FL 32314 | 2415 N. Monro | be Street, Suite 810 |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR -4 AM 8: 12

| The Miami Pass LLC | | SECOMO | |
|--|---|---|--|
| (<u>Name of the Limited Liability Com</u> (A Florida Limite | pany as it now appears on a d Liability Company) | OUT PECUPIES PILETALL OF STATE TALLAHASSEE, FL | |
| The Articles of Organization for this Limited Liability Comparation document number $\frac{1.20000052737}{1.00000052737}$. | | | |
| his amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited li: | ability company here: | | |
| Phoebe Olivia Richmond LLC | | | |
| he new name must be distinguishable and contain the words "Limited Lia | bility Company," the design | ation "LLC" or the abbreviation "L.L.C." | |
| Inter 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) | | | |
| | | | |
| | | | |
| 3. If amending the registered agent and/or registered offic | e address on our recor | ds, <u>enter the name of the new register</u> | |
| gent and/or the new registered office address here: | | | |
| Name of New Projectorul Agents | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | F P4 t | | |
| | Enter Florida street address | | |
| | Cita | Florida Zip Code | |
| | City | z.ip Code | |
| Sew Registered Agent's Signature, if changing Registered Agei | | | |
| hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi- company has been notified in writing of this change. | te performance of my o s provided for in Chap | duties, and I am familiar with and ter 605, F.S. Or, if this document is | |

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 |
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(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 (3)(b)

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.

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 March 1 | 2022 | | |
|-----------------|---|--|--|
| /s/ Phoebe Ol | /s/ Phoebe Olivia Richmond Signature of a member or authorized representative of a member | | |
| Phoebe Olivia R | thmond | | |
| | Type Lor printed name of clance | | |

Filing Fee: \$25.00