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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

	on Section f Corporations				
SUBJECT:	Phoenix	PC LI	ited Liability Company		
The enclosed Artic	les of Amendment ar	nd fee(s) are sub-	mitted for filing.		
Please return all co	rrespondence concer	ning this matter	to the following:		
	Car	nma J	aquith Name of Person		
	Pho	enix P	C LLC Firm/Company		
	4835	NE 2	6th Ter Address		
	Oca	la, Fi	34479 City/State and Zip Code	<del></del>	
	<u>Car</u>	n ma lo E-mail address: (	+ @ yahov. co	eport notification)	
For further informa	ation concerning this	matter, please c	all:		
Camma	1 Jaqui	th	at ( <u><b>352</b></u> ) _ 2 Area Code	Daytime Telephon	le Number
Enclosed is a check	k for the following ar	mount:			
\$25.00 Filing	Fee 🔲 \$30.00 F Certifi	Filing Fee & cate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enck		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Phoer (Name of the Limite	A Florida Limited Liability Company)
(	A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ability Company were filed on July 13, 2020 and assigned
Florida document number <u>L20002C</u>	20251
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	the limited liability company here:
	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:
(Principal office address MUST BE A STREET	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	BOX)
B. If amending the registered agent and/or re agent and/or the new registered office address	egistered office address on our records, enter the name of the new registered s here:
Name of New Registered Agent:	NA
New Registered Office Address:	
	Enter Floridu street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing R	egistered 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>	Address	Type of Action
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lf an effecti <u>Note:</u> If t	the date inserted in	date must be specif n this block does	he and cannot be not meet the ap	pplicable statut	ling or more than 90 ory filing requires	(optional) ) days after filing.) ments, this date	Pursuant to 605.0207 will not be listed as
document	t's effective date of	on the Departmen	t of State's rec	ords.			
e record sprd is filed.	•	effective date, bu	it not an effecti	ive time, at 12:	)1 a.m. on the ear	dier of: (b) The	90th day after the
Dated	August	26#		2 <u>0</u> .			
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