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2020 SEP 14 AM 9: 20 SECRETARY OF STATE

10/23/20 Ol

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE	ECT:	1 10 1110 001	Plui ited Liability Com	<u>CAmending</u>	y warme to:	phen on Ph
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspoi	ndence concerning this matter	to the following:	:		
		Canctice (Name of Po			
		91076 Star	Firm/Comp	xidge DR.		
		Jacksmyille Phenomenal E-mail address: (Zip Code Qir Cyahio. re annual report notification		
For fur	ther information co	incerning this matter, please ca	all:			
Cou	Mac da	Person	at <u>ADY</u> Area C	Code Daytime Tele	ephone Number	
Enclose	ed is a check for the	e following amount:				
⊠ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fil Certified (additional o	-	S60.00 Filing Certificate of Certified Cop (additional copy	Status &

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 TO ARTICLES OF ORGANIZATION OF

FILED

Prenomenal Plair, L	L-C.	2020 SEP 14	AM 9: 20
(Name of the Limited Liability Com (A Florida Limite	pany as it now appeared Liability Company)	irs on our r sects ETARY TALLASA	OF STATE
The Articles of Organization for this Limited Liability Compar		8/12/2020	and assigned
Florida document number	246185		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company h	<u>ere</u> :	
Phenomenal Phlair, LLC	<u> </u>		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the	designation "LLC" or the abl	previation "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 agent and/or the new registered office address here:	e address on our i	records, <u>enter the nam</u>	of the new registered
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			
	Enter Flo	rida street address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	_		
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of s provided for in (^r my duties, and I am fo Chapter 605, F.S. Or, i	miliar with and f 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
ANDOR	STOCK CALLYCIA		□Add
			Remove
			□Change
AMBR	Shecirick Clark	9076 Stanford DR	🗹 🗸 Add
		Jacksonville, Fl 32221	⊟Remove
			□Change
			□Add
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ectiv	e date, if other than the date of filing:
<u>te:</u> If	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
umer	nt's effective date on the Department of State's records.
المحمدا	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
s file	
	\wedge \downarrow \sim \downarrow
ed (_	Signature of a member or authorized representative of a member
	Carolinae Clark
	Signature of a member or authorized representative of a member
	Candace Clark
	Typed or printed name of signee

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