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.~*****	Philips Con	struction LLC	••	
SUBJE	:CI:	Name of Lim	ted Liability Company	
	•			
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	•
		Philip Shivyrev		
			Name of Person	
		Philips Construction LLC		
			Firm/Company	
		14260 Tamiami Trl Apt 2		
			Address	
		North Port FL 34287		
			City/State and Zip Code	
		pshrvyrev@gmail.com E-mail address=(to be used for future annual report notification)	····
For fur	ther information c	oncerning this matter, please c	nll:	
philip	Shivyrev		941 2210250 at ()	:
	Name o	f Person	Area Code Daytime Telephor	ne Number .
Enclos	ed is a check for the	he following amount:		
■ \$2	5.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 9 Division of C P.O. Box 632 Tallahassee.	Section Torporations 27	Street Address: Registration Section Division of Corporation The Centre of Tallahas: 2415 N. Monroc Street Tallahassee, FL 32303	see 🗼 🙃 🔿

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Philips Construction 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 $\frac{02/12/2021}{12}$ and assigned Florida document number 1.21000075203 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 "LLC." 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

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 familial 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 ligibility 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>	Name	Address	Type of Action
AMBR	Philip Shivyrev	14260 Tamiami Trl Apt 2	= Add
•		North Port FL 34287	□Remove
-			□Change
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fective date is listed, the date must be If the date inserted in this bloc	be specific and cannot be prior to date of fili ck does not meet the applicable statuto	ng or more than 90 days after filing.) Pursuant to ry filing requirements, this date will not be	605.0. listed
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	for Secretary of State

THIS MONEY PAID INTO THE STATE TREASURY

All receipts issued and papers filed subject to clearing and final payment of remittance check.