L21000111715

(Re	equestor's Name)	
,		
(Ac	ldress)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Set Division of Cor						
	PHIA & CO LLC					
SUBJECT:	Name of Lin	tited Liability	Company	-		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for ti	ling.			
Please return all correspo	indence concerning this matter	to the follow	ving:			
	ALBALUCIA FOLEY					
	·	Name	of Person			
	FOLEY FORENSIC ACC	OUNTING	LLC			
		Firm	Company			
	4100 CORPORATE SQU	ARE STE 10)Ú			
		Ac	ldress		•	
	NAPLES FL 3410	04				
	INDOOROL EVEOUSIG	-	and Zip Coo	le	_	
	INFO@FOLEYFORENSIC			al report notif	ication)	
For further information of	oncerning this matter, please c	all:				
ALBALUCIA FOLEY		at (:39 [300-6660		
Name o	f Person		rea Code	Daytime	Telephone No	umber
Enclosed is a check for th	c following amount:					•
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certi	O Filing Fe fied Copy ional copy is o		Cer Cen	00 Filing Fee, tificate of Status & tified Copy ittonal copy is enclosed
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7		Regis Divis The C	Address: tration Section of Corp lentre of Ta N. Monroc	porations	ite 810
			Tallal	nassee, FL	32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHILADELPHIA & CO LLC		
(Name of the Limited Liability Compa (A Florida Limited)	nv as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 03/08/2021	and assigned
orida document number L21000111715		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	14375 TUSCANY POINTE TRL	~-7
Principal office address MUST BE A STREET ADDRESS)	NAPLES FL 34120	.)
		*
nter new mailing address, if applicable:		·- •
Agiling address MAY BE A POST OFFICE BOX)		<u>ς</u> ς
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new regist
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	Zip Code

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 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 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>	<u>Name</u>	Address	Type of Action
AMBR	JUAN C HERNANDEZ	14375 TUSCANY POINTE TRL	= Add
		NAPLES FL 34120	□Remove
			□Change
			□ Remove
			Change
			
			□Remove
			☐ Change
			Change
			□Add
			□Remove
			□Add
			Remove
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ective date, if other that effective date is listed, the d	an the date of filing:	0 days after filing.) Pursuant to 605 0
	this block does not meet the applicable statutory filing require the Department of State's records.	ements, this date will not be listed
	ffective date, but not an effective time, at 12:01 a.m. on the ea	rlier of: (b) The 90th day after t
s fil e d.		
red	2023	
<u>.</u>		• •
	(I Wa Virgilatokal V	' بيغ
	111111111111111111111111111111111111111	
	Signature of a member or authorized representative of a mem	her ,
ALBALUCIA FO	Signature of Amember or authorized representative of a mem	hber
ALBALUCIA FO	'	

Filing Fee: \$25.00