## 121000287071

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SECRETARY OF STATE

15/21

## **COVER LETTER**

	gistration Section vision of Corpor				
CHID IN CIT	PHOENIX LE	LLC			
SUBJECT:		Name of Lim	nited Liability Company	<u>.                                  </u>	
The enclosed	d Articles of Am	endment and fee(s) are sub	omitted for filing.		
Please return	all corresponde	nce concerning this matter	to the following:		
		ELA HERNANDEZ			
			Name of Person		~
		PHOENIX LJE LLC		SECRE TAL	2021 JUL -
			Firm/Company	A A	-
		16634 NW 89 CT		ARY OF VHASS	Q 1
			Address	in Charles	- C
		HIALEAH FL 33018		TATE FL	PM 4: 13
	}	nemandezela@bellsouth.ne	City/State and Zip Code	<del> </del>	
	_	<del>-</del>	to be used for future annual report notification)	<u> </u>	
For further i	nformation conc	erning this matter, please c	all:		
ELA HERN	ANDEZ		305 331-5977		
	Name of Pe	rson	Area Code Daytime Teleph	one Number	<del></del>
Enclosed is	a check for the fo	ollowing amount:			
<b>≡ \$</b> 25.00 l	filing Fee [	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Cop (additional copy	Status & y
Re Di P.C	iling Address: gistration Sec vision of Corp D. Box 6327 Hahassee, FL	ocrations	Street Address: Registration Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 32303	ssee et, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHOENIX LE LLC		
( <u>Name of the Limited Liability Comp.</u> (A Florida Limited	any as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company	were filed on 06-21-2021	and assigned
Florida document number L21000287071		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	202 SE
PHOENIX LJE LLC		ACR J
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbre liation "LLC."
Enter new principal offices address, if applicable:		HASSO TO THE
(Principal office address MUST BE A STREET ADDRESS)		Щл <b>ж 🖳</b>
		STA F
		'Æ ω
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:	address on our records, enter t	he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Flor	rida
	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
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			□Remove
		W22	□Change
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ffective date, if other an effective date is listed, t	than the date of f the date must be specifi	iling: c and cannot be	prior to date of	filing or more than 9	(optional) 0 days after tiling.)	Pursuant to 605.02
<u>Note:</u> If the date inserted locument's effective dat				tory filing require	ements, this date v	will not be listed
	·					
record specifies a delay	ed effective date, but	not an effect	ive time, at 12	:01 a.m. on the ca	orlier of: (b) The	90th day after th
d is filed.						
Dated $\int \sqrt{2}/2$	2 2 0	.m. ,,	· > /			
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Filing Fee: \$25.00