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Philip Clinton Mitchem, LLC 1512 North Lake View Avenue Leesburg, FL 34748

I would like to amend the AMBR. The legal name should have been reported. Please change "Angie" to "Angela Robin".

Thank you,

Philip Mitchem

## **COVER LETTER**

•

TO: Registration Se Division of Cor				
SUBJECT: Phili	P Clinton M Name of Lim	itchem LLC ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Philip	Mitchem Name of Person		
	Division of Corporations  JBJECT: Philip Cliaton Mitchem LLC  Name of Limited Labelity Company  the enclosed Articles of Amendment and fee(s) are submitted for filing.  ease return all correspondence concerning this matter to the following:  Philip Mitchem Name of Person  Firm/Company  1512 North Lake View Avenue  Address  Less burg FL 3+7+8  City/State and Zip Code  Philip Mitchem A Laboo. Com E-mail address: (to be used for futule annual report additional)  or further information concerning this matter, please call:  Philip Mitchem  at 352, 514 - 5189  Area Code Daytine Telephone Number  2525.00 Filing Fee Sol 30.00 Filing Fee & Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee			
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Philip Mitchem Name of Person  Firm/Company  1512 North Lake View Avenue  Les burg FL 34748  City/State and Zip Code  Philimitchem Address: E-mail address: (to be used be futule annual report notification)  For further information concerning this matter, please call:  Philim Mitchem  at (382) 514 - 5189  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  E-critificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section  Street Address: Registration Section				
	Leesburg	FL 34748		
	phil- mito E-mail address: (	_	ication)	
For further information c	oncerning this matter, please c	alt:	•	(D
Philip Name o	Mitchem	at ( <u>352)</u> <u>514 –</u> Area Code Daytime	5189 Telephone Number	:
Enclosed is a check for the	he following amount:		•	ן כ
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Registration S	Section	Registration Sec		
P.O. Box 632	27	The Centre of Ta	allahassee	
Tallahassee, l	FL 32514	2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Philip Clintor	Mitchem, LLC		
Name of the Limited I. (A.F.	Lability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liabil	lity Company were filed on 7/1/21	and assi	gned
Florida document number <u>L2100030</u> :			girea
•			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or th	e abbreviation "L.I	C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ame of the new	registered
agent and/or the new registered office address no	,	.1	QD
Name of New Registered Agent:		:	•
			1
New Registered Office Address:	Enter Florida street address	<u>a.</u>	
		` <b>~</b>	;
	, Florida	Ziji Code	<del></del> _
New Registered Agent's Signature, if changing Regis	•	₩.	
ter treplace to regar a organization of a changing iteg.	The state of the s	Œ	

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>	<u>Address</u>	Type of Action
AMBR	Angie Mitchem	1512 N Lake View Ave	<u>nu</u> l□Add
		Leesburg, FL 34748	Remove
	L،۸		Change
AMBR	Angela RoMitchem	1512 N Lake View Avenue Leesburg, FL 34748	Add
		Leesburg, FL 34748	□Remove
			Change
			□Add
			□Remove
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		<del></del>	□Remove
			□ Change

Fective date, if other than the date of filing:  (optional)  an effective 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 600 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list beament's effective date on the Department of State's records.	
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The sales	
( The sould be the	
Signature of a member of authorized representative of a member	

Filing Fee: \$25.00