121000344696

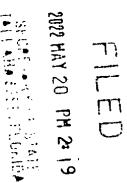
(F	Requestor's Name)	···
(<i>f</i>	Address)	
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	23. (O.). (T. (D.)	40
(C	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name	e)
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rtified Copies	Certificates of	of Status
Special Instructions t	o Filing Officer:	
		01.010
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Office Use Only



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LL C Afrerd

MAY 2.4 2022 D. COMNELL



May 2, 2022

ZELDA WHITE 3511 NW 209TH TERRACE MIAMI GARDENS, FL 33056

SUBJECT: PHIG, LLC.

Ref. Number: L21000344696

We have received your document for PHIG, LLC. and your check(s) setaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGEM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 322A00010128

TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243	
MAILED TO US TO RE-SUBMIT REJECTION US, thank you	CTION ———— ALREADY PAID FEE, PLEASE RETURN TO
PHIG, LLC Business Name	Document Number, (if known):
Walk in	Will wait
Certified Copy of the Articles	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication INC	X Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Conversion
OTHER - Corp	Merger
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign Filing Partnership
Fictitious Name	Reinstatement CORRECTION for a Foreign LLC
Statement of Authority	
APOSTIL () COUNTRY	Domestication of a Foreign CorpOther
	EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

Registration Section Division of Corporations

:ct: 0H-	IG. UC.		
	Name of Limi	ted Liability Company	
	Amendment and fee(s) are sub		
return all correspo	ndence concerning this matter	to the following:	
	Zelda	Name of Person	
	DIAG	Firm/Company	
	3511 NW	Address	92
	MiANI GA	Mens FL 330 City/State and Zip Code	
	Mail address: (1	GMail, COM to be used for future annual report notific	cation)
ther information co	oncerning this matter, please ea	all:	
y Olony Name b	t Person	at (305) 409- Area Code Daytime	Telephone Number
ed is a check for th	ne following amount:		
5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Solve Solve Status & Certificate of Status & Certified Copy tadditional copy is enclosed;

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

TO ARTICLES OF ORGANIZATION OF

DI HI	
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.) iability Company)
ticles of Organization for this Limited Liability Company of document number <u>21000344690</u> .	were filed on $\frac{9-30-30-30}{}$ and assigned
nendment is submitted to amend the following:	
imending name, enter the new name of the limited liabi	lity company here:
name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
new principal offices address, if applicable:	
ipal office address MUST BE A STREET ADDRESS)	
and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
egistered Agent's Signature, if changing Registered Agent:	2.17 € 0.11
by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p	provided for in Chapter 605, F.S. Or, if this document is
If Chan	ging Registered Agent, Signature of New Registered Agent

	inager athorized Member		
	<u>Name</u>	Address	Type of Action
L	Zalda White	3511 No 20th Tenance	
		Mimi Grandens, F. 23056	□Remove
			i <u>II Chan</u> ge
L	Johnny White	3511 NW Appth Terrace Mirmi Grandens, FL 23056	
		Minni Grandens, FL 23056	□Remove
			DChange
_			□Add
			🗆 Remove
			□Change
			□Add
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			Remove
			□ Change

10 ved from our records:

		
		
<u>.</u>		
ective date is lis If the date ins	ther than the date of filing:)207 (3) I as the
d specifies a d led.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
MA	4 18 . 2022	
<u> S</u>	Signature of a member or authorized representative of a member	
Ze	Typed or printed name of signee	

Filing Fee: \$25.00