## LZ1000344696

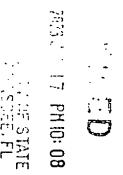
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

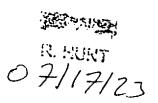
Office Use Only



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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: PH.	Name of Limi	ited Liability Company	
	Amendment and fee(s) are sub-		
Please return all correspor	dence concerning this matter	to the following:	
	Felda	White	
	^	Name of Person	
	175 1	1 <u>0</u> .	~ 2
		Firm/Company	
	3511 NW	2094 Tears	ice = =
	MiAni CA	Adens FL 33 City/State and Zip Code	PHIO: 08 VSSEE, FL
	2021 Phige	amal, am	ration) ri
For further information co	oncerning this matter, please ca	all:	
Johnny Name of	Person	ar ( <u>345) 479-3</u>	350 H Telephone Number
Enclosed is a check for th	e following amount:		_
F1 S25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	[7] \$55,00 Filing Fee & Certified Copy inditional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Matter Add		Camara Addis ass	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHTG.	uc				
(Name of the Limited Liability Comp. (A Florida Limited	inv as it now appears of Liability Company)	n our records.)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100344616</u> .	were filed on	<u>-30-5</u>	1600	and as	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here	:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	nation "LLC" o	r the abbres	iaggn "I	.L.C."
Enter new principal offices address, if applicable:	*****	<del></del>		23 72	
(Principal office address MUST BE A STREET ADDRESS)			1994		· <del>·····</del>
				i	<u> </u>
Park and the State of the Complete Addition			1335 15.25	: H ID:	Ü
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				-08	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, <u>enter th</u>	e name of	the ne	w registere
Name of New Registered Agent:					
New Registered Office Address:			_		
	Emer Florida	street address			
<del></del>		, Flori	da	<i>y</i> . ,. ,	<del> </del>
New Registered Agent's Signature, if changing Registered Agent:	Cim		,	Ap Code	•
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this cap performance of my provided for in Cha	v duties, and upter 605, F.,	Lam fam. S. Or, if ti	iliar w his doc	ith and ument is
If Cha	nging Registered Agent	. Signature of S	iew Registe	red Age	<u>m1</u>

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	Lelda White	3511 NW 2014 Tenare	□Add
		Migni Conders, FL 330Sh	S □Remove
	<del></del> ,		© Change
AMBR	Johnny White	3511 Now 2094 Terrace	CIAdd
	·	Minni CANders, FL 33051	<u>Q</u> □Remove
			LE Change
			□Add
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					288 0.88		<u> </u>
					No.	<u></u>	-
		·				08	_
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							<del></del>
Effective date, if other than fan effective date is listed, the date Note: If the date inserted in the document's effective date on the	e must be specific a iis block does not	nd cannot be prior meet the applic	rable statutory fi	more than 90 days	o <b>ptional)</b> after filing.) Pe s, this date wi	ursuant to If not be	605.0207 listed as
record specifies a delayed eff d is filed.	ective date, but no	ot an effective (	ime. at 12:01 a.i	n, on the earlier (	off (b) The 9	0th day a	ifter the
Dated July 6	1	10t	<u>3</u> .				
delde	<u> </u>	<del>700</del>	orized representat	,			-

Filing Fee: \$25.00