

L21000344696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

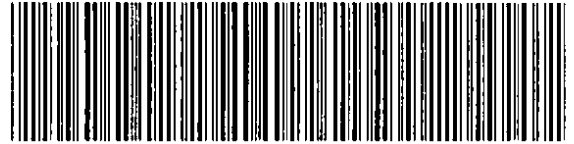
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STATE  
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R. HUNT  
07/17/23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PHIG, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zelda White  
Name of Person

PHIG, LLC  
Firm/Company

3511 NW 209th Terrace  
Address

Miami Gardens, FL 33056  
City/State and Zip Code

2021phig@gmail.com  
E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

2008 JUN 17 PM 10:08

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For further information concerning this matter, please call:

Johnny White at (305) 409-3504  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee  
☐ \$30.00 Filing Fee & Certificate of Status  
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☒ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

PHIG, LLC

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Zelda White	3511 NW 209th Terrace	<input type="checkbox"/> Add
		Miami Gardens, FL 33056	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Johnny White	3511 NW 209th Terrace	<input type="checkbox"/> Add
		Miami Gardens, FL 33056	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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OFFICE OF STATE  
ATTORNEY GENERAL, FL.

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U.S. DEPT. OF STATE  
AMEMB, MIAMI  
AMSSSE, FL

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 6, 2023

Eldon White  
Signature of a member or authorized representative of a member

Zelda White  
Typed or printed name of signee

**Filing Fee: \$25.00**