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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALL7 SERVICE LLC Account Number : I20240000077 Phone : (407)970-8143 Fax Number : (689)218-0977

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## 隱屈LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PHOENIX AG7 LLC

Certificate of Status	()
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Page Count	04
Estimated Charge	\$25.00

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17-Dec-2024 14:15 All7 Service LLC 6892189977 p.2

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHOENIX AG7 LLC		
(Name of the Limited Liabil (A Floric	lity Company as it now appears on our reco la Limited Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability ( Florida document number 1.21000,370825	Company were filed on 08/18/2021	and assigned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
N/A		
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	C" or the abbreviation "L. L. C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADD.	RESS)	<u>, , , , , , , , , , , , , , , , , , , </u>
		: · · · · · · · · · · · · · · · · · · ·
		( ·
enter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX		- :
		<u></u>
		47
<ol> <li>If amending the registered agent and/or registere gent and/or the new registered office address here:</li> </ol>	d office address on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street addr	72.5
		·lorida
<del></del>	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.

17-Dec-2024 14:15

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>	Name	<u>Address</u>	Type of Action
AMBR	ALMEIDA B. MACHADO, ANDI		_ ∏Add
		8090 GLENLLOYD AVE WINTER GARDEN, FL.	3.4 ≡Remove
			_     Change
AMBR	DA S MEDEIROS, LEANDRO	8090 GLENLLOYD AVE WINTER GARDEN, FL.	34 ■ Add
			_ ERemove
			_ Change
			_ □Add
			_ □Remove
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