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

| Division of Corporations |
|--|
| SUBJECT: PHOENIX TECHNOLOGY CONSULTANTS, 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: |
| FRANK DIPIAZZA Name of Person |
| PHOENIX TECHNOLOGY CONSULTANTS Firm/Company |
| 71 N. YOUNGTREE PT. |
| LECANTO, FL 3446 City/State and Zip Code |
| FRANKD @ PHXITC. COM E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| FRANK DIPIAZZA at (954) 410-2214 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| |

· TO:

Registration Section

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

PHOENIX TECHNOLOGY CONSULTANTS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| This amendment is submitted to amend the following: | دے |
|--|--|
| A. If amending name, enter the new name of the limited liability company here: | TO NOT |
| The new name must be distinguishable and contain the words "Limited Liability Company." the design | ation "LLC" or the abbreviation-"L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | :: |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | ris enter the name of the new register |
| B. If amending the registered agent and/or registered office address on our record | us, enter the name of the new register |
| B. If amending the registered agent and/or registered office address on our recor- agent and/or the new registered office address here: | us, enter the name of the new register |
| B. If amending the registered agent and/or registered office address on our recoragent and/or the new registered office address here: Name of New Registered Agent: | us, enter the name of the new register |
| New Registered Office Address: | |
| agent and/or the new registered office address here: Name of New 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.

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

| MGR CHRISTINA DIPIAZZA 71 N. YOUNGTEEE PT., LECANTO, FL 124 344 6 16 16 16 16 16 16 1 | <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---|--------------|--------------------|----------------------------------|-------------------------------------|
| Remove | MGR | CHRISTINA DIPIAZZA | 71 N. YOUNGTREE PT., LECANTO, FL | (∑ ∕Add 146 { |
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| (If an eff | ve date, if other than the date of filing: |
| he recon | |
| | |
| | OCTOBER 9th, 2024. |
| | OCTOBER 9 YH , 2024 . Signature of a member or authorized representative of a member |

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: PHOENIX TECHNOLOGY CONSULTANTS, 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: |
| FRANK DIPIAZZA Name of Person PHOENIX TECHNOLOGY CONSULTANTS |
| Firm/Company |
| 71 N. YOUNGTREE PT. Address |
| LECANTO, FL 3446 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| FRANK DIPIAZZA at (954) 410-2214 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ Certified Copy |

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 ARTICLES OF ORGANIZATION OF

| The Articles of Organization for this Limited Liability Co | ompany were filed on August 2 | 3 7.07/ brid assigned |
|---|--|---------------------------------------|
| Florida document number <u>L21000376765</u> | - | and assigned |
| i fortida document number | <u></u> . | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limi | ted liability company here: | · · · · · · · · · · · · · · · · · · · |
| | | 6 |
| The new name must be distinguishable and contain the words "Limit | ted Liability Company," the designation "LLC | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | ESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| • | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
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| B. If amending the registered agent and/or registered | office address on our records, enter | the name of the new register |
| agent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| New Registered Office Address. | Enter Florida street addres | |
| | | |
| | , Fl | orida |
| N. D. C. M. G. | ŕ | 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.

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> | Address | Type of Action |
|----------------|--------------------|---------------------------------|----------------|
| MGR | CHRISTINA DIPIAZZA | TIN. YOUNGTREE PT. LECANTO, FL. | <u></u> ₩Add |
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| Effective date, if other than the date of filing: (Optional) If 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 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as idocument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed Dated OCTOBER 9 74 2024 Signature of a member or authorized representative of a member | | | | | | | | |
|---|--------------|----------------------|---------------------|---------------------------------------|--------------------|---|---|-------------------------------|
| If 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 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the red is filed. | | | | | <u>.</u> | | | |
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| Dated OCTOBER 9 7H , 2024 . Signature of a member or authorized representative of a member | d in filed | | | | | | (-) | , |
| Dated OCTOBER 9 TH , 2024. Signature of a member or authorized representative of a member | | | | | | | | |
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