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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : OGBESA SERVICES CORP

Account Number : I20200000191 Phone : (786)307-5594

Fax Number

: (786)833-9331

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PHOENIX PROPERTY MULTISERVICES LLC

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March 22, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

OGBESA SERVICES CORP

,

SUBJECT: PHOENIX PROPERTY MULTISERVICES LLC

REF: L21000420496

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please provide the application for amendment and fax filing cover sheet in a vertical format.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON E ROBERTS Regulatory Specialist III FAX Aud. #: E24000106679 Letter Number: 124A00006217

## **COVER LETTER**

TO: Registration Se Division of Co			
	PROPERTY MULTISERVIC	ES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MADAY E GARCIA		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	<del></del>
	PHOENIX PROPERTY M	OULTISERVICES LLC	
		Firm/Company	
	3935 NW 193 STREET		
	ALLOW LOCATION	Address	
	MIAMI GARDENS, FL 3	3055	
		City/State and Zip Code	
	phoenixmanagement l 7@gr		
	E-mail address: (	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
MADAY E GARCIA		786 307-5694 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
€ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	tion
Registration Division of C		Registration Sec Division of Corp	
P.O. Box 632		The Centre of T	
Tallahassee.		2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHOENIX PROPERTY MULTIS			<u>.</u>
(Name of the Lim	(A Floride Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I	Liability Company	were filed on 09/23/2021	and assigned
Florida document number L21000420496			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	pility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3935 NW 193 STREET	
		MIAMI GARDENS, FL 33055	
Enter new mailing address, if applicable:		3935 NW 193 STREET	202
(Mailing address MAY BE A POST OFFICE	(BOX)	MIAMI GARDENS, FL 33055	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office ess here:	address on our records, enter the nam	e of the new registered.
Name of New Registered Agent:	MADAY E GA	ARCIA	1.1
New Registered Office Address:	3935 NW 193	STREET	
		Enter Florida street address	•
	MIAMI GARI	DENS 330	055

## 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.

f Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	Address	Type of Action
MGR	JESUS CAMEJO-GARCIA	2920 50TH AVENUE W APT27	□Add
		BRADENTON, FL 34207	■Ramove
			[]Change
GM ALBERTO RODRIGUEZ-GARCI.	3113 CORTEZ RD W LOT 54		
		BRADENTON, FL 34207	
<del></del>			□Add
			CRemove
			CiChange
		[] Add	
			□Remove
			☐ Change
			DAdd
			□ Петно че
			LIChange
<del></del>	<del></del>		
			□Ranose
			DChange

	JESUS CAMEJO-GARCIA
	ALBERTO RODRIGUEZ-GARCIA
Effe	ctive date, if other than the date of filing: 03/20/2024 (optional)
Not	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.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docı	ment's effective date on the Department of State's records.
	ord 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 filed.
ς.	MARCH 20 ? 2024
Date	

Typed or printed name of signee