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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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2021 I no 62 no 11202

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: PV	ilian Servi	(05 LLC_	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Jan	Name of Person	
	Philyaw	Services LLC Firm/Company	
	4019 Mer	rywlatuer 3	on.
	orlando,	Florida 32812	·
	Anily Aus	City/State and Zip Code SLYUCUS @ Mail. To be used for future annual report notif	COM 29
For further information ed	oncerning this matter, please ca		
James Name of	Pricyaw	at (<u>4</u> 07) <u>751.9</u> Area Code Daytime	CII7 - 73 e Telephone Number
Enclosed is a check for th	e 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 S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on ou. Liability Company)	r records.)	· ·		
The Articles of Organization for this Limited Liability Company Florida document number <u>LZ1000463477</u>	y were filed on <u>6.2</u>	5.21	and assi	gned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	bility company here:				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	on "LLC" or the abb	reviation "L.L	С"	_
Enter new principal offices address, if applicable:					_
(Principal office address MUST BE A STREET ADDRESS)					_
				<u>-</u> .	_
Enter new mailing address, if applicable:					_
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	·	_
	·-··			•	-
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the name	of the new	regist	
					1 1 1 2
Name of New Registered Agent:				73	ھت '' _
New Registered Office Address:				_5	
	Enter Florida stred	et address	_	,L	تحدي ^د -
	Circ	Florida	Zip Code	29	<u></u>
New Registered Agent's Signature, if changing Registered Agent	•		z.yr Code		
I hereby accept the appointment as registered agent and ag		ity I further agr	ee to compl	h with	the
provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as	e performance of my du	uies, and I am fo	ımiliar with	and	

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	James Philyaw	4019 MURYWEATHER DR OMANOO FI 32912	⊒ ⊀dd
			Remove
			□ Change
			DAdd
			□Remove
			□Change
		<u></u>	🗆 Add
			□Remove
		.	□Change
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effective date is listed te: If the date inser	er than the date of d, the date must be speci- ted in this block does late on the Departmen	fic and cannot be p not meet the ap	plicable statutory I	or more than 90 days aft		
cord specifies a dela s filed.	ayed effective date, bi	ut not an effectiv	ze time, at 12:01 a.	m. on the earlier of: (b) The 90)th day after t
ed Novem	06 22 ra	202	-			
7						
—/ •	Signature	e of a member or a	uthorized representa	uve of a member		

Filing Fee: \$25.00

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001748.384004.414167.27777 1 MB 0.485 530 Ֆլիոֆվիլի հղելիՈւկրիՈւթին գույնքունի գինի հերևայի հիւմ Date of this notice: 10-28-202 Employer Identification Number:

87-3256459

Form: SS-4

Number of this notice: CP 575 (

For assistance you may call us : 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.



001748

PHILYAW SERVICES LLC JAMES M PHILYAW SOLE MBR 4019 MERRYWEATHER DR ORLANDO FL 32812

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-3256459. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tex-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is PHIL. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.