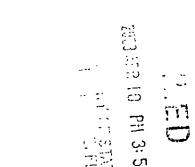
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R. HUNT 04/10/23

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: Phase 2 Holdings, LCC Name of Limited Liability Company	
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:	
Craig R. Parham Name of Person	
Phase 2 Holdings, LCC Firm/Company	
2048 Howland Blrd Unit 39/326	(%)
Deltona FL 32739	F
City/State and Zip Code	:J
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	PH 3: 5:
Craig R. Parham at (3/3) 900-1861	59
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status \$30.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certified Copy (additional copy is	tus &
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ thase 2 Holding	igs, LCC		
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on orda Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabili Florida document number 4220003053	ty Company were filed on 03	5/62/2022	_ and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and contain the words "	Limited Liability Company," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			Co.
(Principal office address MUST BE A STREET AL	ODRESS)		6-3 6-2
	 ,		3.3
		- 	G : "
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			C)
			5
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our record e:	ds, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	reet address	
		, Florida	
	City		Lip Code

New Registered Agent's Signature, if changing Registered Agent:

21

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 Title Name **Address** Type of Action MGR Christine P. Rundberg 5001 W. Sandlake Rd DAdd orlando, Fl 32819 ARemove _____ Change DAdd □Remove MGR Craig R. Parkam 10 Springwood Sq Add

Post Grange, FL 32129 | Remove ____ 🗆 Remove □Change __ □Add · Remove DAdd □ _____ Remove

_____ □ Change

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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable sument's effective date on the Department of State's records.	e of filing or more the statutory filing requ	(option 90 days after irements, this		irsuant t Il not be	o 605.0 e listed
	t 12:01 a.m. on the		The 9	Oth day	after t
cord specifies a delayed effective date, but not an effective time, a signature of a member of authorized of the signature of a member of authorized of the signature of a priored name of the signature of the signature of a priored name of the signature of					