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Special Instructions to	Filing Officer:	
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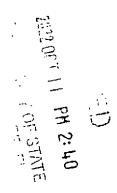
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A. RIVERS JAN - 3 2023



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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Phoenix Pla			.#		
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Kendra Auguste Vincent				
		Name of Person			
	Phoenix Place LLC	Firm/Company			
	1840 NW 122nd Street				
		Address			
	Miami, FL 33167	City/State and Zip Code			
	phnxplace@gmail.com E-mail address: (to be used for future annual report not	fication)		
For further information c	oncerning this matter, please co	all:			
Kendra Auguste Vincent		at (305) 308-6509			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne 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 Addres		Street Address:			
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 632	-		The Centre of Tallahassee		
Tallahassee,			2415 N. Monroe Street. Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Phoenix Place LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Provide Chaothly Company)
The Articles of Organization for this Limited Liability Company were filed on 09/06/2022 and assigned
Florida document number <u>L22000388584</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
KVJP Paramount, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
agent and/of the new registered office address here.
Name of Name Books and Association
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
City Florida Sip City
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 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
			□Add
			□Remove
			□Change
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ffective date, if other than	the date of filing:	10/06/22		(optio	
an effective date is listed, the date ote: If the date inserted in thi ocument's effective date on the	must be specific and c s block does not me	annot be prior to et the applica			
record specifies a delayed effe Lis filed.	ctive date, but not a	n effective tin	ne, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ated October 6		2022	_·		
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Typed or printed name of signee