

L23 000 237 683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

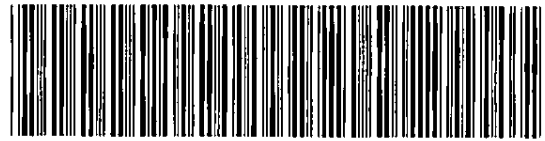
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2023 DEC 27 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FL



Anomaly CPA  
22 Boston Wharf Road, 7<sup>th</sup> Floor  
Boston, MA 02210  
(781) 694-2203  
[www.anomalycpa.com](http://www.anomalycpa.com)

December 4, 2023

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: DPH Phalanx LLC  
Articles of Amendment

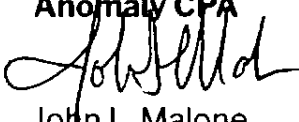
Dear Sir or Madam,

I hope this finds you well. Enclosed please find the following for filing:

- Executed Articles of Amendment; and
- Check for Filing Fee.

Should you have any questions or need anything further, please contact my office.

Regards,

**Anomaly CPA**  
  
John L. Malone

## COVER LETTER

TO: Registration Section  
Division of Corporations

DPH PHALANX LLC

SUBJECT: \_\_\_\_\_  
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:

JOHN MALONE

\_\_\_\_\_  
Name of Person

ANOMALY CPA

\_\_\_\_\_  
Firm/Company

22 Boston Wharf Road, 7th Floor

\_\_\_\_\_  
Address

Boston MA 02210

\_\_\_\_\_  
City/State and Zip Code

JOHN@ANOMALYCPA.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

2023 DEC 27 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

JOHN MALONE

781

694-2203

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

DPH PHALANX LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/15/2023 and assigned  
Florida document number L23000237683.

This amendment is submitted to amend the following:

**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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1719 S Hubert Ave, Tampa, FL 33629

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1719 S Hubert Ave, Tampa, FL 33629

(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:**

Name of New Registered Agent:

Nicholas A. Skijus

New Registered Office Address:

1719 S Hubert Avenue

Enter Florida street address

Tampa

City

Florida

33629

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.*

Nicholas A. Skijus

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	NICHOLAS SKIJUS	1719 S Hubert Ave, Tampa, FL 33629	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

23 DEC 21 11:53 AM  
CORE LAB  
TALLAHASSEE, FL

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

2023 DEC 27 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FL

SECRETARY OF STATE  
TALLAHASSEE, FL.  
2023 DEC 27 PM 3:53

**E. 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated 11/29/23, \_\_\_\_\_

Nicholas A. Shyres

Signature of a member or authorized representative of a member

NICHOLAS SKIJUS

Typed or printed name of signee

**Filing Fee: \$25.00**