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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: Phoen	Name of Limi	lesian LLC ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Madys Ga	Name of Person	
		Firm/Company	
	16961 SW Z	98 S+ Address	
	Homestead, 1	City/State and Zip Code	
		m design Byahoo.co m	
For further information co	oncerning this matter, please co	ıll:	
Madys 6	alvez Person	at (786) <u>436 - 4</u> Area Code Daytin	15.8 ne Telephone Number
Enclosed is a check for th	se following amount:		
X \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N	he abbreviation "L.L.C."
A. If amending name, enter the new name of the limited liability company here: N	he abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	he abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	he abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
Enter new mailing address, if applicable:	
Enter new mailing address, if applicable:	(5) (5)
Enter new mailing address, if applicable:	D
Enter new mailing address, it applicable:	26
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered office address on our records, enter the nagent and/or the new registered office address here:	name of the new register
Name of New Registered Agent: N/A	
New Registered Office Address:	
New Registered Office Address Enter Florida street address	
Florida	11
City	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 provisions of all statutes relative to the proper and complete performance of my duties, and I a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. being filed to merely reflect a change in the registered office address. I hereby confirm that the company has been notified in writing of this change.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Mudys Galvez	16961 SW 298 St	X \Add
		Homestead Pl 33030	□Remove
			□ Change
<u> </u>	Madys Galvez	16961 SW Z98 St	□Add
		Homestead, FL 33080	Remove
			□Change
			□ Add
			□Remove
			□Change
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			□Remove
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