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COVER LETTER

10: Registration Sec Division of Corp			
SUBJECT:	hia Nyor	LLC	
	Name of Lim	uted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Suss	sette Sco	T .
	Phi	Name of Person Name of Person Firm/Corapany	LC
	7055 BL	anding BLVD	,#440 7 85
	Jacksonville	City/State and Zip Code	222 890
	Sofbusin E-mail address: (fication)
For further information co	oncerning this matter, please c	all:	
Susselle	Scott	at (904, 813-	7131
Name of	Person	Area Code Daytim	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 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

Phia Nyon	LLC	
(Name of the Limited Limited Limited (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on <u>September 11, 2</u> H	323 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia		
The new name must be distinguishable and contain the words ¹ Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7055 Blanding Bl	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7055 Blanding B #440785 Jacksonville, Flor	
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 nam	e of the new registered
Name of New Registered Agent: New Registered Office Address:	MA	r.
	Enter Flyridh strèet address , Florida	<u>5</u> ,
	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 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 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
			□Add
			□Remove
			Change
			□ Remove
			Change
			□ Add
			Петоvе
		/	☐ Change
			□Add
			□Remove
			☐ Change
•			□ Add
			П Remove
			☐ Change
			□Add
			□Remove

If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary:)
-	
	
	
Effective date	e, if other than the date of filing: (optional)
(If an effective da	the 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 ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	fective date on the Department of State's records.
he record speciford is filed.	Ties a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	eptember 17 2023
	Signature of a member or authorized representative of a member
	Sussette Scott
····	Typed or printed name of signee

Filing Fee: \$25.00