



Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limit	to Phoenix Sky Consulting UC ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Aprelle	Hawtin S Name of Person
Phoenix Sk	y Consulting LLC Firm/Company
2054 Vista	Parkway, Suite 400
West Paln	Beach, FL 33411 City/State and Zip Code
INTO Prounixsky Con E-mail address: (1	o be used for future annual report notification)
For further information concerning this matter, please ca	all:
Aprelle Hawkins Name of Person	at (56) 602-8473 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address: Pagintration Section
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Phoenix Sky Consul- (Name of the Limited Liebility Company as it	ting LLC
(<u>Name of the Limited Lidbility Company as it</u> (A Florida Limited Liability	<u>now appears on our records.</u>) (Company)
The Articles of Organization for this Limited Liability Company were f	filed on 117 8024 and assigned
Florida document number <u>L 24000033499</u> .	`
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability co</u>	omnony horo
t. If amending name, enter the new hame of the ninted hability co	mpany nere.
The new name must be distinguishable and contain the words "Limited Liability Com	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2024
Principal office address MUST BE A STREET ADDRESS)	70
<u> </u>	
	See B
Enter new mailing address, if applicable:	710. F
Mailing address MAY BE A POST OFFICE BOX)	<u></u> <u></u>
3. If amending the registered agent and/or registered office addres	ss on our records, enter the name of the new regis
agent and/or the new registered office address here:	of our records, <u>enter the name of the new region</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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
MGB Aprelle Hawking	Aprelle Hawkins	2054 Vista Parkway, suite 40 WPB. FL 33411	O MAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		Change	
			□Add
		□Remove	
			Change
			□Add
		□ Change	
			□ Change □ Add
			□Add
			Denove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
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(If an cl Note:	tive date, if other than the date of filing: 177 abay (optional) Tective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	rd 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 iled.
Dated	February 3, 2024 Signature of a member or authorized representative of a member
	Typed or printed name of signer

Filing Fee: \$25.00