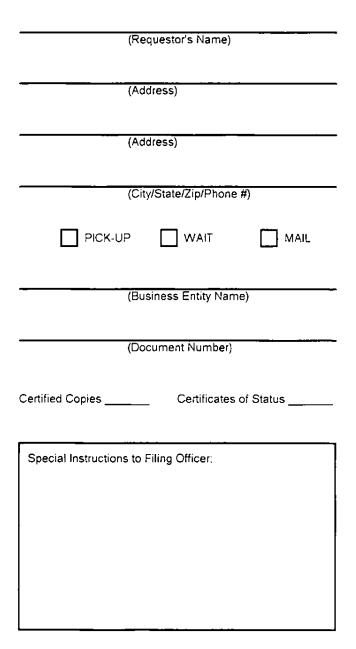
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Office Use Only



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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHILL'S SERVICE LLC		
(Name of the Limited Li (A F	ability Company as it now appears on our records orida Limited Liability Company)	J)
The Articles of Organization for this Limited Liabili Florida document number 1.24000041561	ity Company were filed on 01/22/24	and assigned
This amendment is submitted to amend the following	g:	
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	::	
(Principal office address MUST BE A STREET A	DDRESS)	
The second disconsisting and disconsisting the second disconsisting and disconsisting the second disconsisting and disco		0024 FEB 2
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	Φ
B. If amending the registered agent and/or registered and/or the new registered office address had	stered office address on our records, enter	the name of the now registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	s
_		orida
	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

## **COVER LETTER**

	egistration Sec ivision of Corp			
oun incom	PHILL'S SE	RVICE LLC		
SUBJECT	:	Name of Limit	ted Liability Company	
The enclos	ed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please retu	rn all correspon	ndence concerning this matter t	to the following:	
		CARLOS ABREU	_	
			Name of Person	
		PHILL'S SERVICE		
			Firm/Company	<u> </u>
		11041 LOSCO JUNCTION	V DR	
			Address	· · ·
		JACKSONVILLE - FL 322	257	
City/State and Zip Code				
		CPRA89@GMAIL.COM	to be used for future annual report noti:	fication)
For further	r information co	oncerning this matter, please ca		
LILIAN CASACCHIA		904 882 9700		
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed i	s a check for th	ne following amount:		
	0 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)
	<u>lailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction
Division of Corporations		Division of Corporations		
}	P.O. Box 632	.7	The Centre of T	l allanassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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>	Name	Address	Type of Action
MGR	CARLOS ABREU	11041 LOSCO JUNCTION DR	<b>=</b> Add
		JACKSONVILLE - FL 32257	Remove
			□ Change
AMBR	LILIAN CASACCHIA	130 PRAIRIE LAKES DR S	□Add
		SAINT AUGUSTINE - FL 32084	≅Remove
			□Change
AMBR	LIDIANE OLIVEIRA	11041 LOSCO JUNCTION DR	
		JACKSONVILLE - FL 32257	≅Remove
			□Change
			🗆 Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an ef Note:	fective date, if other than the date of filing:
e reco rd is f	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 th iled.
Dated	1 lor 02/22/2024
	Signature of a member or authorized representative of a member
	LILIAN CASACCHIA

Filing Fee: \$25.00