## L24000363016

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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations		
cum to evr	PHOENIX	CONSTRUCTION AND MU	LTISERVICE LLC	
SUBJECT:	<del></del>	Name of Lin	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		YAMIN	ETTE M VELEZ BARINES	
		·	Name of Person	
		PHOENIX CONS	TRUCTION AND MULTISERV	ICE LLC
			Firm/Company	
			5330 PALM DR	
			Address	
			NEW PORT RICHEY 34652	
			City/State and Zip Code	
		pheonixe	constructionlle@gmail.com	
		E-mail address: (	to be used for future annual report no	tification)
For further in	iformation c	oncerning this matter, please c	all:	
Y.	AMINETTI	EM VELEZ BARINES	727 481 609	77
Name of Person			me Telephone Number	
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)
Reg	iling Addres	Section	Street Address: Registration S	
		Corporations	Division of Co	-
	). Box 632 lahassee, l		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHOENIX CONSTRUCTION AND MULTISERVICE LL 2017 (Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on L24000363016 Florida document number 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address Florida City

## 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
MGR	HUGO A. BLAS VILLEGAS	5330 PALM DR.	<b>=</b> Add
		NEW PORT RICHEY, FL 34652	□Remove
			☐Change
			Remove
			Change
			□Add
			Remove
			Change
			□Add
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Filing Fee: \$25.00

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Filing Fee: \$25.00