## L24()000)367074

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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## RECEIVED

2024 DEC 30 AH 11: 27

FLORIDA DEPARTMENT OF STATE

Division of Corporations

Division of Corporations

Division of Corporations

October 15, 2024

SYLVIA C. MORALES 3174 NW 102ND PLACE DORAL, FL 33172 US

SUBJECT: PHI INVESTMENTS, LLC

Ref. Number: L24000367074

We have received your document for and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The forms you submitted look like you are trying to file articles of amendment to amend the above filed entity.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Supervisor New Filings Section

Letter Number: 424A00022745

## **COVER LETTER**

Ivai	me of Limited Liab	bility Company	
DOCUMENT NUMBER: 1.240003670	74	***************************************	
The enclosed Resignation of Registere for filing.	ed Agent for a Lim	mited Liability Company and fee are su	bmitted
Please return all correspondence conce	eming this matter	to the following:	
SYLVIA C. MORALES			
Name of Person		<del></del>	
PHLINVESTMENTS, LLC			
Name of Firm/Compa	any		
3174 NW 102ND PLACE			
Address		<del></del>	
DORAL FLORIDA			
City/State and Zip Co	ode		
33172			
E-mail address: (to be used for future ann	nual report notification	on)	
For further information concerning this	s matter, please ca	all:	
SYLVIA C MORALES	305 at (	7536822	
Name of Person	Area C	Oode Daytime Telephone Number	

Mailing Address:

**TO:** Registration Section Division of Corporations

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

PHI II	VVESTME ed Liability Company as it (A Florida Limited Liability	NTS, L	ecords)			
The Articles of Organization for this Limited Li	ability Company were f	$\frac{6}{1}$	1/20	<u>24</u> an	nd assig	ned
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liability co	mpany here:				
The new name must be distinguishable and contain the w	ords "Limited Liability Com	pany," the designation	"LLC" or the	abbreviati	on "L.L.	C."
Enter new principal offices address, if applic	able:			<u> </u>	_ <del></del>	
(Principal office address MUST BE A STREE	T ADDRESS)			3.5	124	
				- (1) - (1)	030	
					30	
Enter new mailing address, if applicable:					79	177
(Mailing address MAY BE A POST OFFICE)	 BOX)			. '.ഗ		
					ယ္	
B. If amending the registered agent and/or ragent and/or the new registered office addres		s on our records, <u>e</u>	nter the na	me of th	e new	<u>registered</u>
Name of New Registered Agent:	SYLVIA	C. MORA	LE S		<del></del>	
New Registered Office Address:	3174 NW	102 ND Enter Florida street e		<u>_E_</u>		
	DORAL	) <sup>.</sup>	_, Florida _	331 Zip	77 Code	
New Registered Agent's Signature, if changing I	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

Title	<u>Name</u>	Address	Type of Action
	FEOERICO HERMANDEL	199 OCEAN LANE DR 1211	□ Add
		KEY BISCAYNE, FL, 33149	<b>X</b> Remove
			□Change
	LUIS GONZALEZ	ALHAMBRA PLAZA	
		SUTTE 1130, FL, 33134	Remove
			Remove  Complements  Complement
		. (c)	□ Change
			Co O1 □Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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