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SUBJEĆ	PHIĻLIPS	QUAULITY COUNTERTOPS	LLC	
SUBJEC	l:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please reti	urn all correspo	ondence concerning this matter	to the following:	
		JENNIFER HULING		
			Name of Person	
		TENNEX TAX SOLUTIO	ONS	
			Finn/Company	
		1203 US Highway 1		
			Address	
		Address Sebastian, Fl 32958		
		<u> </u>	City/State and Zip Code	-
		info@tennextaxsolutions.co		
		E-mail address: (to be used for future annual report not	ification)
For furthe	r information o	oncerning this matter, please c	all:	
JENNIFER HULING		772 999-6308		
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed i	s a check for t	ne following amount:		
■ \$25.00	0 Filing Fee	S30.00 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)
	Lailing Addres Legistration S		<u>Street Address:</u> Registration Se	ection
	Division of C		Division of Co	
P	O. Box 632	7	The Centre of 1	l'allahassee
7	'allahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHILLIPS QUAILITY COUNTERTOPS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on __09/11/2024_ and assigned Florida document number _L24000396832 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PHILLIPS QUALITY COUNTERTOPS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." PHILLIPS QUALITY COUNTERTOPS, LLC Enter new principal offices address, if applicable: 2936 DERBY AVE SE (Principal office address MUST BE A STREET ADDRESS) PALM BAY, FL 32909 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 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>	<u>Address</u>	Type of Action		
					
			Remove		
			□Change		
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Effective date, if other than the if an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	date of filing: at be specific and cannot ock does not meet t	he applicable s	of filing or more than atutory filing requi	(optional) 90 days after filing.) P rements, this date wi	ursuant to 605.0207 Il not be fisted as
e record specifies a delayed effectiv rd is filed.	e date, but not an ef	fective time, a	12:01 a.m. on the	earlier of: (b) The 9	Oth day after the
Dated September 19th)24 			
Xungus	Signature of a plemb	A—Temen er or authorized	Tax Solution Tax Solution	∩S) mber	

Filing Fee: \$25.00

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