P02000100759

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Phenix Energy Group, Incorporated P02000100759 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: James W. Silvers Name of Contact Person Phenix Energy Group, Incorporated Firm/ Company 2924 Summervale Drive Address Holiday, Florida 34691 City/ State and Zip Code jws@phenixgrp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James W. Silvers Area Code & Daytime Telephone Number i Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ■\$52.50 Filing Fee □ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy

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enclosed)

Mailing Address

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(Additional Copy

is enclosed)

Articles of Amendment to Articles of Incorporation of

to

Phenix Energy Group, Incorporated				
(Name	of Corporation as current	ly filed with the Florida Dept.	of State)	
P02000100759				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation add	opts the following amendment(s)	
A. If amending name, enter the new n	ame of the corporation:			
Not Applicable			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association."	Corp," "Inc," or "Co".	A professional corporation na	or the abbreviation "Corp.," me must contain the word	
B. Enter new principal office address,	if applicable:	2924 Summervale Drive	2021 S.C.:	
(Principal office address MUST BE A S		Holiday, Florida 34691		
			2000	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Not Applicable		
			<u> </u>	
D. If amending the registered agent an new registered agent and/or the new	w registered office addres		e of the	
Name of New Registered Agent	Not Applicable			
	Not Applicable			
	(Florida st	rcet address)		
New Registered Office Address:	2924 Summervale Drive, Holiday		Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			of the position.	
	Signature of New I	Registered Agent, if changing		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>John</u>	<u>ı Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	v Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	CEODS	Gerald J Leroux	2924 Summervale Drive
Add			Holiday, FL 34691
Remove			
2) X Change	PD	James W Silvers	509 Pine Ave S
Add			Oldsmar, FL 34677
Remove 3) X Change	COOD	Kenneth R Austin	14909 Crystal Lake Road West
Add			Burnsville, MN 55306
Remove			
4) X Change	D	Robert E Lipply	3305 US-19 ALT N
Add			Palm Harbor, FL 34683
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional A (Attach additional sheets, if necessary	rticies, enter change(s). (Be specific)	s) nere:		
ot Applicable			.	
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		•		
If an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A)	nendment if not conta	on, or cancellation o nined in the amendm	f issued shares, ent itself:	
ot Applicable				
		, <u>, , , , , , , , , , , , , , , , , , </u>	· · · · · · · · · · · · · · · · · · ·	
	-		·	
				

	Not Applicable	
	adoption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :	ot Applicable	
Effective date in applicable.	(no more than 90 days after amend	ment file date)
Note: If the date inserted in thi document's effective date on the	block does not meet the applicable statutory filir Department of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors v	without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	idopted by the shareholders. The number of votes of sufficient for approval.	east for the amendment(s)
must be separately provided	approved by the shareholders through voting groups or each voting group entitled to vote separately on ast for the amendment(s) was/were sufficient for ap	the amendment(s):
byNot Applicable		
· · · · · · · · · · · · · · · · · · ·	(voting group)	·
DatedSignature	Credi D. W Come	
	director, president or other officer - if directors or	
	ted, by an incorporator – if in the hands of a receiv	er, trustee, or other court
арро	inted fiduciary by that fiduciary)	
	James W. Silvers	
	(Typed or printed name of person sig	ning)
	President	
	(Title of person signing)	