715 0000 88838

(Re	questor's Name)	1
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000279378530

11/25/15--01013--010 **35.00

2015-DEC 23 PM 2: 3.1
SECRETARY OF STATE

DEC 23 2014 C. CARROTHERS



December 1, 2015

RAYMIE WALSH PHEONIX ASSETS INC 3390 MARY STREET STE 116 MIAMI, FL 33133

SUBJECT: PHEONIX ASSETS INC.

Ref. Number: P15000088838

We have received your document for PHEONIX ASSETS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ONLY CHECK ONE BOX ON PAGE 4 OF 4

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 915A00025132

Cathy A Carrothers Regulatory Specialist

www.sunbiz.org

Pheonix Assets, Inc. 3390 Mary Street, suite 116 Miami, Florida 33133

November 19, 2015

VIA US MAIL

Amendment Services Division of Corporations PO Box 6327 Tallahassee, FL 32314

VIA FED-EX Overnight

Amendment Services Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Amendment to add to list of corporate officers for Pheonix Assets Inc.

Dear Amendment Services:

Enclosed please find the completed Articles of Amendment for Pheonix Assets Inc. (Document #P1500008838) and the related check for the \$35 filing fee.

Should you have any further questions or concerns, please contact me or the company's Vice President, Vidal Cadena, at 305-503-3100 or via email at widalcadena@gmail.com, or raymiewalsh123@gmail.com.

Best regards,

Raymie Walsh

Encls. Check and Amendment of Articles.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Pheonix Assets Inc	:. - 	<u> </u>
DOCUMENT NUM	P15000088838	· ·	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Raymie Walsh		
		Name of Contact Persor	
	Pheonix Assets Inc.		
		Firm/ Company	
	3390 Mary Street suite 116		
		Address	
	Miami, Florida 33133		
		City/ State and Zip Code	
ervali	sh@raybluesolutions.com		
	.	sed for future annual report	notification)
	L'man address. (10 00 d.	sed for fatare annual report	nothing the state of the state
For further information	on concerning this matter, pleas	se call:	
Vidal Cadena		at (<u>305</u>	5033100
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ortment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	illing Address lendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	on as currently filed with the Florida Dept. of State)	
P15000088838		
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amo	endment(s) to
A. If amending name, enter the new name of the con	orporation:	2015 DEJ
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the d	d "corporation," "company," or "incorporated" or the above, "Inc," or "Co". A professional corporation name must compabbreviation "P.A."	idations ion the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		2: 2:31
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. I	istered Agent: I am familiar with and accept the obligations of the position.	
Siano	ature of New Registered Agent if changing	

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)

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.

Example: X Change	<u>PT</u> <u>John</u>	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
<u>X</u> Add	SV Sally	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
()Change	Secretary	Raymie Walsh	3390 Mary Street Suite 116
x Add			Miami, Florida 33133
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
			_		
		-			
			<u>-</u>		
			· · · · · · · · · · · · · · · · · · ·		
					
· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch	anga radaccifias	tion or songellati	ion of issued she		
provisions for implementing the amer	idment if not con	tained in the ame	endment itself:	ii est	
(if not applicable, indicate N/A)					
					
		<u> </u>			
				<u> </u>	
<u> </u>					

701	November 18, 2015	. if other t
date this document was signed.) adoption:	, 11 011161 1
	November 18, 2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
'he amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
	ber 18, 20/15	
Dated		
Signature	Wold A ledges	
(Ву	a director, president or other officer - if directors or officers have not been	_
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
црр	Vidal Cadena	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	