

LOC 0000 03846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

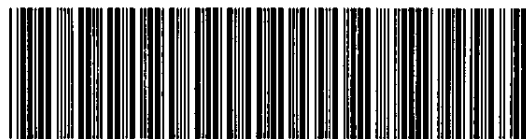
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300254563823

12/11/13--01025--021 **25.00

RECEIVED
DEC 11 PM 12:06
FILING OFFICE
12/11/13

18 DEC 18 2013

Thank You!
Things To Do...

Please send a copy
of the confirmation
of ~~FAV~~ this paperwork
to:

Elaine Sparks

6429 Lake Sunrise Dr

Apollo Beach, FL 33572

813-758-4404

phantomservices@yahoo.
com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Phantom Services, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael A. Sparks
Name of Person

Phantom Services, LLC
Firm/Company

1041 N.E. 27th Way
Address

Pompano Beach, FL 33062
City/State and Zip Code

Tony@phantomservices@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael A. Sparks at (954) 254-8025
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Phantom Services, 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 1-11-2006 and assigned
Florida document number L060000003846

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 end with 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)

1041 N.E. 27th Way
Pompano Beach, FL 33062

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1041 N.E. 27th Way
Pompano Beach, FL 33062

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

Zip Code

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 608, 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

MGR = Manager
MGRM = Managing Member

<u>MGR</u>	<u>Michael A. Sparks</u>	<u>1041 N.E. 27th Way</u>	<input type="button" value="Add"/>
		<u>Pompano Beach, FL 33062</u>	<input type="button" value="Remove"/>

<u>MGR</u>	<u>Dorothy E Sparks</u>	<u>6429 Lake Sunrise Dr</u>	Add
		<u>Apollo Beach, FL 33572</u>	<div>Remove</div>

_____ Add

Remove

_____ Add

 **Remove**

_____ Add _____

[Remove](#)

_____ Add

Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____, _____.

Dorothy Elaine Sparks

Signature of a member or authorized representative of a member

Dorothy Elaine Sparks

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

RECEIVED
DEC 11 PM 12:06
2006