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J. B. HARRIS

J. B. HARRIS DEC 18 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Phantom Resources, 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 Resources, LLC
Firm/Company

1041 N.E. 27th Way
Address

Pompano Beach, FL 33062
City/State and Zip Code

Tony @ phantomservices@jagadea.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 Resources, 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 L06000003852

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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael A. Sparks	1041 N.E. 27 th Way Pompano Beach, FL 33062	<input checked="" type="radio"/> Add <input type="radio"/> Remove
MGR	Dorothy E. Sparks	6429 Lake Sunrise Dr. Apollo Beach, FL 33572	<input type="radio"/> Add <input checked="" type="radio"/> Remove
			<input type="radio"/> Add <input type="radio"/> Remove
			<input type="radio"/> Add <input type="radio"/> Remove
			<input type="radio"/> Add <input type="radio"/> Remove
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			<input type="radio"/> Add <input type="radio"/> Remove

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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

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