## 68000005965

. (Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100125741161

04/28/08--01051--016 \*\*\*30.00

08 APR 28 PM 4: 08

FILEU SECRETARY OF STATE, DIVISION OF CORPORATION

T. HAMPTON APR 2 9 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DAL ORGANIZATION 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:
David L McCoy
(Name of Person)
DAL Organization LLC
(Firm/Company)
DAL Organization LLC  (Firm/Company)  1204 Rain Forest Lane  (Address)
(Address)
Minneola, FL 34715
(City/State and Zip Code)
For further information concerning this matter, please call:
David L McCoy at ( 352 ) 243-6822
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \$\ti
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

DAL ORGANIZATION 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 Liabili	ty Company were filed on 1/16/2008	and assigned	
Florida document number <u>L0800005965</u>			
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
PHANTOM COMPUTERS LLC			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designate	tion "LLC" or the abbreviation	
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the new	
Name of New Registered Agent:		<del></del>	
New Registered Office Address:	(Enter Florida street address)		
	, Florida		
_	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis  I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	ent and agree to act in this capacity. I furth or and complete performance of my duties, a ord agent as provided for in Chapter 608, F.S otered office address, I hereby confirm that t	and I am familiar with and S. Or, if this document is	
	(If Changing Registered Agent, Signature of	New Registered Agent)	

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

MGR = Manager

. Nai	<u>me</u>	Address	Type of Act
			☐ Add
•			Remove
		***	<del>-</del>
<u> </u>			□ Add
		****	Remove
			_
<u> </u>			□Add
			Remove
			<del></del>
	***************************************	**************************************	Add
			Remove
_			Add Remove
			Kemove
			Add Remove
			_
amending any	other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	
			_ 9
			DIVISIVIO
			OB APR 2
			1 <b>/2</b>
			- ප දු
			- ප දු
			- ප දු
	200	200	CORPORATIONS 8 PH 4: 08
24th April	, <u>200</u>	D8	- ප දු
24th April	200 2mz	08	- ප දු
24th April	2m2	Der or authorized representative of a member	- ප දු

Page 2 of 2

Filing Fee: \$25.00