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SECRETARY OF STATE
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## **COVER LETTER**

elib jezer.	Phantom Capit	al Group LLC			
SUBJECT:		Name of Limite	ed Liability Company		
The enclosed	Articles of An	endment and fee(s) are subm	itted for filing.		
Please return	all corresponde	ence concerning this matter to	the following:		
		Williams Denis			
			Name of Person		
		Phantom Capital Group			
			Firm/Company	<del>-</del> -	
305 NW 32 AVE APT 303					
Address					
		POMPANO BEACH FL 330	069		
		DENISHOLDINGS@GMAI	City/State and Zip Code L.COM		
	-	E-mail address: (to	be used for future annual rep	port notification)	
For further in	iformation conc	erning this matter, please cal	l:		
			at ()		
	Name of Po	rson	at () Area Code	Daytime Telephone	Number
Enclosed is a	check for the f	ollowing amount:			
<b>■</b> \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ced) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

ZOIT JUL 13 PM 4: 12

SECRETARY OF STATE
ALLAHASSEE, FLORIO:

PHANTOM CAPITAL GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

04/20/2017

The Articles of Organization for this Limited Liability Co.		and assigned
Florida document number L17000088245		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
FLORIDA REAL ESTATE ACQUISITION LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe	read affice address on ou	r records enter the name of the new
registered agent and/or the new registered office addre		records. ener the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida s	rcet address
		, Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent at	nd agree to act in this cape	acity. I further agree to comply with the
provisions of all statutes relative to the proper and con	mplete performance of my	duties, and I am familiar with and
accept the obligations of my position as registered age being filed to merely reflect a change in the registered		
company has been notified in writing of this change.	- ,,,,	,

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WILLIAMS DENIS	305 NW 32 AVE APT 303 POMPA	⊟ Add
			□ Remove
			Change
AMBR	ANTHONY RABASA	15048 SW 63 TER MIAMI FL 331	■ Add
			Remove
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fective date, if other than the o	late of filing:	_	(option	al)
in effective date is listed, the date must	be specific and cannot be p	rior to date of filing or n	ore than 90 days after fil	ing.) Pursuant to 605,0207 (3)
ote: If the date inserted in this blo			g requirements, this d	ate will not be listed as the
ecument's effective date on the De	partment of State's reco	rus.		
record specifies a delayed	effective date, but	not an effective t	time, at 12:01 a.r	n. on the earlier of:
The 90th day after the reco				
JULY 10°TH	2017			<b>∸</b> ,
nted	·			
		uthorized representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00