L18000160523

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Amend

JUL 1 8 2019
I ALBRITTON

COVER LETTER

Divi	ision of Cor	porations				
cun il cr.	Phantom A	uto Group, LLC.	-			
SUBJECT:	Name of Limited Liability Company					
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
			Jason Vazquez			
			Name of Person			
		Phantom Auto	Group, LLC.			
			Firm/Company			
	861 Waterway Pl					
	· · · · · · · · · · · · · · · · · · ·					
	Longwood, Fl 32750					
		lı	City/State and Zip Code nfo@phantommotorsports.ne	<u> </u>		
		E-mail address: (to be used for future annual repo	ort notification)		
For further in	iformation co	oncerning this matter, please c	all:			
	Jason Va	azquez	407 at ()	335-4964		
	Name of	f Person		Daytime Telephone Number		
Enclosed is a	check for th	ie following amount:				
\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Certificate C d) Certified Co (additional cop	of Status & opy	
		ING ADDRESS:	STREET/C Registration	OURIER ADDRESS: Section		

Division of Corporations P.O. Box 6327

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TO:

Registration Section

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ato Group, LLC		•
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on	8/1/2018	and assigned
Florida document numberL18000160523			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	<u>e</u> :	
N/A			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the des	ignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			22
		<u> </u>	
			Tree and the second
Enter new mailing address, if applicable:	N/A		0 .
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			<u> </u>
			55
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		our records, <u>enter</u>	the name of the nev
Name of New Registered Agent: N/A			
New Registered Office Address:			
	Enter Florid	a street address	
		Florida	_
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Kenneth H. Augustin	2614 Keswick Ct Kissimmee, Fl 34744	□ Add
			■ Remove
			Change
			Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
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(If an eff Note:	ve date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	June 19 2019
ismen,	
	Signature of a member or authorized representative of a member
	Jason Vazquez Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00