LZO 0000 56689

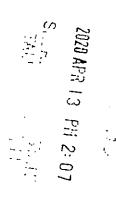
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 27, 2020

MICHELLE LAROSE 5845 FAIRFIELD AVE S #3 ST PETERSBURG, FL 33707

SUBJECT: PHANTOM ALLIANCE LLC

Ref. Number: L20000056689

We have received your document for PHANTOM ALLIANCE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 820A00006833

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

	egistration Se ivision of Cor				
SUBJECT	. Phan	tom Alliance LLC			
oobsec.		Name of Limi	ited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		Michelle LaRose			
			Name of Person		
		Phantom Alliance	LLC		
			Firm/Company		
		5845 Fairfield Av	e. S. #3		
			Address		
		St. Petersburg FL	33707		
			City/State and Zip Code		
		aerochyld@gmai			
		E-mail address: (t	o be used for future annual r	eport notification)	
For further	information c	oncerning this matter, please ca	dl:		
	Michelle	LaRose	at (727)	742-5262	
	Name o	f Person	Area Code	Daytime Telepho	one Number
Enclosed is	a check for th	ne following amount:			
⊠ \$25.00	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclo		\$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 Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ssigned
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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 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.

City

Zip Code

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	Michelle LaRose	5845 Fairfield Ave. S. #3	
		St. Petersburg FL 33707	Пенюvе
			□ Change
			Remove 20 Achange
			□ Add N □ Remove
			□Change
•			□Add
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		***************************************	□Add
			□Remove
			Chance

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