

L21 0000653 33

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

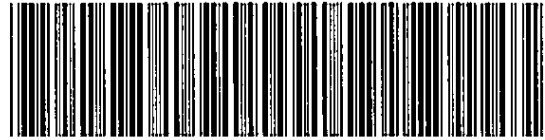
(Document Number)

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2021 JUL 14 AM 11:24

CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Phantom Tree House 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:

Matias I Montenegro

Name of Person

Phantom Tree House LLC

Firm/Company

905 11th St N

Address

Jacksonville Beach, FL, 32250

City/State and Zip Code

phantomtreehouse@gmail.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Matias I Montenegro

407 579-3478

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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 Address:

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

FILED
MAR 14 AM 11:20

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

Phantom Tree House 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 02/08/2021 and assigned
Florida document number 121000065333.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

905 11th St N

Jacksonville Beach, FL, 32250

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

905 11 St N

Jacksonville Beach, FL, 32250

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:

Matias I Montenegro

New Registered Office Address:

13840 Herons Landing Way unit 10

Enter Florida street address

Jacksonville

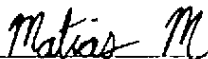
, Florida 32224

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 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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Matias I Montenegro	13840 Herons Landing Way unit 10	<input checked="" type="checkbox"/> Add
		Jacksonville, FL, 32224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Javier I Montenegro	2245 Guiana Plum Dr	<input type="checkbox"/> Add
		Orlando, FL, 32828	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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2014 A 11:20

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 4th 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00