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(Reque	estor's Name)	
(Addre	ss)	
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COVER LETTER

TO: Registration Division of	n Section Corporations		
Phanton	n Power LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fec(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Jahrual Lloyd		
		Name of Person	
	Phantom Power LLC		
		Firm/Company	
	651 San Lanta Cir.		:
		Address	
	Sanford, Fl 32771		
	Jahrual.D.Lloyd@gmail.com	City/State and Zip Code	ion)
	E-mail address: (to be used for future annual report notificati	ion)
For further information	on concerning this matter, please c	all:	
Jahrual Lloyd		407 405-4342	
Naı	ne of Person	Area Code Daytime Te	lephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fe	e □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ad Registration	dress: on Section	Street Address: Registration Sectio	ρΠ

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Phantom Power LLC		
(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 12.20.2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Wicked World LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	651 San Lanta Cir.	*· }
Principal office address MUST BE A STREET ADDRESS)	Sanford, 14 32771	
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	651 San Lanta Cir.	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	Sanford, Fl 32771	:
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, ent	er the name of the new regist
	Enter Florida street add	ress
<u></u>		FloridaZip Code
	Ciţ	Zip Соа <i>е</i>

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 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
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			Петюче
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ctive date, if other than th	e date of filing:	(optional)
effective date is listed, the date m	ne date of filing: ust be specific and cannot be prior to date oblock does not meet the applicable state.	filling or more than 90 days after filing requirements, this dat	g.) Pursuant to 605.0 c. will not be listed
	Department of State's records.	more time termination time tank	e am not be note
ord specifies a delayed effecti filed.	ive date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) T	he 90th day after t
April 28th d	2024		
	· · · · · · · · · · · · · · · · · · ·		
	Signature of a member or aluthorized rep	·	