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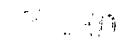
COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	PHANTO	M YACHTS, LLC			
	Name of Lir	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		CRISTIAN OROZCO			
		Name of Person			
		PHANTOM YACHTS, LLC			
		Firm Company			
7065 NW 173 DR UNIT 2306					
Address					
	HIALEAH, FL 33015				
		City/State and Zip Code			
	(RISPYYINC@GMAIL.COM			
	E-mail address:	to be used for future annual report not	tification)		
For further information c	concerning this matter, please c	all:			
CRISTIA	N OROZCO	305 506-7542			
Name o	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he fallowing amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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PHANTOM YACHTS, 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 02/07/2022 _____ and assigned Florida document number <u>1.22000064344</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PHANTOM MARINE, LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address _____. Florida ____

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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		-	
			□Remove
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Effective date, if other than the if an effective date is listed, the date many note: If the date inserted in this bedocument's effective date on the I	ist be specific and cannot be prior to dat lock does not meet the applicable s	(opt e of filing or more than 90 days afte statutory filing requirements, th	ional) er filing.) Pursuam to 605.0207 (is date will not be listed as t
e record specifies a delayed effectived is filed.	ve date, but not an effective time, a	t 12:0) a.m. on the earlier of: (b) The 90th day after the
Dated APRIL 12	. 2023		
Dated APRIL 12	<u> </u>		
Dated APRIL 12	Signature of a member or authorized	representative of a member	

Filing Fee: \$25.00