## LZ3000020176

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	roperty Holdings LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Johan Sierra			
		Name of Person		
	Phantom Property Holding	s LLC		
		Firm/Company		
13225 SW 111th Terrace Apt 2				
		Address	•	
Miami, Florida 33186				
		City/State and Zip Code		
	pph@phantompropertyhold	*		
	E-mail address: (	to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
Johan Sierra		786 439 6011 at ()		
Name of Person Area Code Daytime Tel		e Telephone Number		
Enclosed is a check for the	ne following 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 tadditional copy is enclosed)	
Mailing Addres		Street Address:	ation.	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Phantom Property Holdings LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 01/09/2023	and assigned
Florida document number L23000020176		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	*** (*********************************	NOT 829
		JUN BE
Enter new mailing address, if applicable:		23
Mailing address MAY BE A POST OFFICE BOX)		<b>≥</b> = 4.5
*	•	= 3,
		27
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the r	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	City	Zin 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 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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			□Add
			□Remove
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cord specifies a delayed effective is filed.	date, but not an effective tim	e, at 12:01 a.m. on the	e earlier of: (b) Th	ne 90th da	ıy after t
06/07	2023				
	Q111/0	locally /			