## L23000110048

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S. ROBERTS MAY 1 1 2023

## **COVER LETTER**

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Tallahassee, FL 32314

	: Registration Section Division of Corporations						
SUBJEC	Phantoms (	Company LLC					
SUBJEC	.1:	Name of Lin	ited Liability Company	<u> </u>			
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please ret	turn all correspo	undence concerning this matter	to the following:				
		Filing MichaelD					
			Name of Person				
		ZenBusiness Inc.					
			Firm/Company				
		336 E College Ave. Ste 30	11				
		·	Address				
		Tallahassee, FL 32301					
		-	City/State and Zip Code				
		fulfillment@zenbusiness.co	om to be used for future annual report not	747			
For furthe	er information c	oncerning this matter, please c		rication)			
		-					
Filing MichaelD c/o ZenBusiness Inc.		844 493-6249 at ()					
	Name o	f Person	Area Code Daytin	ne Telephone Number			
Enclosed	is a check for th	ne following amount:					
■ \$25.0	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 Addres Registration S		<u>Street Address:</u> Registration Se	ection			
Division of Corporations		Division of Con	rporations				
1	P.O. Box 632	.7	The Centre of T	Fallahassee			

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Phantoms Company 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  $\frac{2023-03-02}{}$ and assigned Florida document number  $\underline{1.23000110048}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Phantoms Group 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

## 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Remove
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			□Remove
			□Change

				<del></del>
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		<del></del>	<del>.</del>	
Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specific and cannot be pri- lock does not meet the appl	icable statutory filing requi		
e record specifies a delayed effectived is filed.	ve date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day a	after the
Dated March 15	2023	·		
/s/ Robert N	1eek			
	Signature of a member or aut	horized representative of a mo	mber	
Robert Meek				
	Typed or pri	nted name of signee		-

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Filing Fee: \$25.00