P14000009051

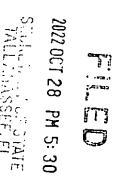
(Req	uestor's Name)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	covery inc				
DOCUMENT NUN	IBER:					
The enclosed Article	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	Edward Deckelmann					
	Name of Contact Person					
	Phantom Asset Recovery Inc					
		Firm/ Company				
	5379 Lyons Rd #143					
		Address				
	Coconuit Creek FL 33073					
		City/ State and Zip Cod	ť			
	E-mail address: (to be us	sed for future annual report	notification)			
		·	,			
or further informati	on concerning this matter, pleas	se call:				
Edward Deceklmann		954 at (324-7720			
Name	of Contact Person	Area Code & Daytime Telephone				
inclosed is a check t	for the following amount made	payable to the Florida Dep	artment of State;			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address			<u>Address</u>			
Amendment Section		Amendment Section				
	vision of Corporations D. Box 6327	Division of Corporations The Centre of Tallahassee				
	llahassee, FL 32314	2415 N. Monroe Street, Suite 810				
1 a	Hallassee, 1 to 52,514		assee, FL 32303			

Articles of Amendment to Articles of Incorporation of

FILED

Phantom Asset Recovery Inc.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

2022 OCT 28 PM 5: 30

/N F.C	
(Name of Corporation as cu	urrently filed with the Florida Dept. of State);
P14000009051	TALL/ALASSEE, FI
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporati	<u>ion:</u>
	The new
	ion," "company," or "incorporated" or the abbreviation "Corp.," To". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>))
C. Unter new mailing address if applicables	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered offic	an address in Florida, anton the name of the
new registered agent and/or the new registered office a	
AL CAL B. C. L.	
Name of New Registered Agent	
(file)	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent.—I am fan	Agent: miliar with and account the abligations of the position
accept the appointment to regionered agent. Turn jun	mand and an experience or against of the position.
Signature of	New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>b.t.</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	MGR	John Siebert	5379 Lyons rd #143
X Add			Coconut Creek FL 33073
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary).	(Be specific)			
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F. If an amendment	t provides for an exch	range, reclassification	or cancellation of is	scuad charac	
nrovisions for ir	mplementing the ame	ndment if not contain	and in the amendmen	st itealfe	
Lif not applic	cable, indicate N/A)	nament ii not contain	ica in the amenamen	it itseii.	
(i) not applie	time, mineral 1973 j				
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The date of each amendment(s) adoption	9/30/2022	9/30/2022	
The date of each amendment(s) adoption date this document was signed.	n:	1/301-	, if other than the
Effective date <u>if applicable</u> :			
	(no more than 90 day	s after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departme	oes not meet the applicable ent of State's records.	statutory filing requirements, this date wi	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted by action was not required.	y the incorporators, or board	l of directors without shareholder action an	nd shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient		nber of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each versions.			
"The number of votes east for the	amendment(s) was/were su	fficient for approval	
by			
hy	(voting group)		
Dated			
Signature	100_		
Ç	president or other officer -	if directors or officers have not been	
selected, by ar	incorporator - if in the han	ids of a receiver, trustee, or other court	
appointed fidu	iciary by that fiduciary)		
	Edward Ded	Jrss	
	(Typed or printed name	of person signing)	
	PasiVant.		
	(Title of person signing		