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EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

BLACKNA, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TAMMY PEREZ

Name of Person

TABADESA ASSOCIATES

Firm/Company

7005 W 17TH CT

Address

HIALEAH, FL 33014

City/State and Zip Code

TAMMYP@TABADESA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMMY PEREZ

305,989-8776

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

O\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACKNA, LLC		
(<u>Name of the Limite</u>	d Liability Company as it now appe A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited I Florida document number <u>L13000065745</u>		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	ere:
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if appli-	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	7. 2
Enter new mailing address, if applicable:		SSS
(Mailing address MAY BE A POST OFFICE	BOX)	
	 	
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on fice address here:	F=13 1-1 ;
Name of New Registered Agent:	PEDRO SAAVEDRA	
New Registered Office Address:	100 S POINTE DR, NOF	RTH TOWER APT 707
		Enter Florida street address
	MIAMI BEACH	, Florida 33139
	City	Zip 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name 1 **Address** Type of Action MGR 100 S POINTE DR FERNANDO J FERRER NORTH TOWER APT 707 MIAMI BEACH, FL 33139 100 S POINTE DR MGR AMERICAN SOUL CORPORATION **NORTH TOWER APT 707** MIAMI BEACH, FL 33139 100 S POINTE DR PEDRO SAAVEDRA MGR NORTH TOWER APT 707 Remove MIAMI BEACH, FL 33139 Remove Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
PLEASE RECORD EIN: 61-1713051
UU V 26 2012
Dated JULY 26 2013
· \W
Signature of a member or authorized representative of a member
FERNANDO J FERRER
Pyped or printed name of signee
(1 yped of printed name of signee
Dona 1 of 2

Filing Fee: \$25.00

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