## 16000077150

(Re	equestor's Name)	
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

TO: Registration Se Division of Cor			
BLACK B	AY 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:	
	CAROLYN KAHL		
	<del></del>	Name of Person	Code    S596050     Daytime Telephone Number     S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)    REET/COURIER ADDRESS:
	ROCA GONZALEZ PA		
		Firm/Company	
	3370 MARY STREET		
		Address	<del></del>
	MIAMI, FL 33133		
		City/State and Zip Code	/==== <u></u>
	CKAHL@RGPA.COM		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
CAROLYN KAHL			
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	ING ADDRESS:	STREET/COURI	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACK BAY LLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our i	records.)			
The Articles of Organization for this Limited Liability Company Florida document number L16000077150	and assigned				
This amendment is submitted to amend the following:	į.				
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	:	18 ( N.L.)			
(Principal office address MUST BE A STREET ADDRESS)	•	कि म			
Enter new malling address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	4 2 2	Y OF TARE			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our re:	ecords, enter the name of the nev			
Name of New Registered Agent:		<u> </u>			
New Registered Office Address:	Enter Florida street	address			
		. Florida			
·	City	Zip Code			
	T.				

## 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 Changing Registered Agent, Signature of New Registered Agent

r remov <b>ed</b>	from our records:	•	
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MGR			
		MIAMI, FL 33133	
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•		MIAMI, FL 33133	<del></del>
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GR	NARA G. CAROZZI	3370 MARY STREET	; <del></del>
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ctive date, if other than the date of effective date is listed, the date must be speci if the date inserted in this block does ment's effective date on the Departmen	fic and cannot be prior to date of filing or not meet the applicable statutory fil	more than 90 cing requireme	(optional days after filin ents, this dat	g.) Pursuan	t to 603 be list
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