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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

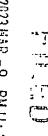
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SECREDATY OF STATE



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TO: Registration ! Division of Co	Section 9
	nighten LLC
to No state of the	Name of Limited Liability Company
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.
	ondence-concerning this matter to the followings
	Quincy Knighten
	Name of Person
de en en en em em tompen en el mand el president de la que el que	Quincy Knighten LLC
	Firm/Company
	4102 Iliad Ct Apt 203
·-·	Address
	Tampa, FL 33613
	City/State and Zip Code blacklensmedialle@gmail.com
	E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please call:
Quincy Knighten	813 4952746 at ( )
Name of	Person Area Code Daytime Telephone Number
Enclosed is a check for th	e following amount:
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status  Certified Copy tadditional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Address	Registration Section  Division of Corporations  The Centre of Tallaham

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Quincy Knighten LLC		<del></del>
(Name of the Limited Liability Compa (A. Florida Limited)	ny as it now appears on or hability Company)	ur records.)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{03/18/20}{2}$	21 and assigned
Florida document number L21000129066		
This amendment is submitted to amend the following:	•••	
A. If amending name, enter the new name of the limited liab	ility company here:	
Blacc Lens LLC		
The new name must be distinguishable and contain the words "Limited Liabi		
Enter new principal offices address, if applicable:	4102 Tliad Cf Apt 203	, Tampa, Fl 33613
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
• •		
(Mailing address MAY BE A POST OFFICE BOX)		
agent and/or the new registered office address here:  Name of New Registered Agent:		
THE TAX TO SEE THE SECOND PROPERTY OF THE SEC	* <u></u> *	
New Registered Office Address:	Enter Florida str	eet address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	·
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.  If Cha	performance of my d provided for in Chapt address, I hereby con	uties, and I am familiar with and er 605, F.S. Or if the locument is after that the limited Hability in the locument is a second with and locument is a second with an all the locument is a second with a secon
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or removed from our records:	being a
MGR = Manager AMBR = Authorized Member	
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D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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<u>Note:</u> I docume	we date, if other than the date of filing: 3-07-2023 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as many effective date on the Department of State's records.	7 (3)( 3 the
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.	f:
Dated _	2023 HAR -9 SECRETARY TALLAHA	<b>≈</b> 2
	D WA	E m
	Signature of a march	i.
	Quincy Knighten	
	Typed or printed name of signee	