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COVER LETTER

TO:

Registration Section Division of Corporations

| SUBJECT: BALCK LA | NBEL PROPERTY MANAGE | | | |
|---|--|---|---|--|
| | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | indence concerning this matter | to the following: | | |
| | ANDREI V. CODREA | | | |
| | · · · · · · · · · · · · · · · · · · · | Name of Person | | |
| | BLACK LABEL PROPER | TY MANAGEMENT LLC | | |
| | | Firm/Company | | |
| | 1407 S 17TH AVENUE | | | |
| | | Address | | |
| | HOLLYWOOD, FL 33020 |) | | |
| | | City/State and Zip Code | | |
| | ANDREIVCODREA@GM | | | |
| | E-mail address: (| to be used for future annual report no | tification) | |
| For further information c | oncerning this matter, please c | all: | | |
| ANDREI V CODREA | | 954 559-5499 at () | | |
| Name o | f Person | Area Code Daytir | ne Telephone Number | |
| Enclosed is a check for th | ne following amount: | | | |
| ■ \$25.00 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 | Section | Street Address: Registration So | | |
| Division of Corporations P.O. Box 6327 | | Division of Corporations The Centre of Tallahassee | | |
| Tallahassee, I | | | oe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

BALCK LABEL PROPERTY MANAGEMENT LLC

327 92 mi 9:11

| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | iny as it now appears on our records.) Liability Company) |
|---|---|
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{L23000437881}{L23000437881}$. | were filed on 09/20/2023 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | nility company here: |
| BLACK LABEL PROPERTY MANAGEMENT LLC | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| 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 a agent and/or the new registered office address here: | address on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| New Registered Agent's Signature, if changing Registered Agent: | <u>:</u> |
| | • |

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| nument's effective date on the Dep | | | ting requirements, this | date will not be nated as |
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Filing Fee: \$25.00