Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

C VESKOVSKI

Account Name : TRIPP SCOTT, P.A.

Account Number: 075350000065

: (954)525-7500

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLACKPORT INVESTMENT GROUP, LLC

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Corporate Filing Menu

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T HAMPTON

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACKPORT INVESTMENT (Name of the Limited L (A F		LC ny as it now appears on our iability Company)	records.)		
The Articles of Organization for this Limited Liab Florida document number <u>L09000081466</u>				_ and a	ssigned
This amendment is submitted to amend the follow	ring:		SECT	2013 DEC	emockand
A. If amending name, enter the new name of the	he limited liab	ility company here:	ALASS	6	
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Company," the d	lesignation "LLC	TE the	e abbreviatio
Enter new principal offices address, if applicable:		1915 Harrison Stree	t, 1st Floor	¢n.	
(Principal office address MUST BE A STREET	ADDRESS)	c/o David Garfinkle	ا ۱۰۰۰ ح فر		
		Hollywood, FL 33020	0		
Enter new mailing address, if applicable:		1915 Harrison Stree	et, 1st Floor		
(Mailing address MAY BE A POST OFFICE BOX)		c/o David Garfinkle			
		Hollywood, FL 3302	0		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address here	:	rds, <u>enter the</u>	name	of the nev
		cott, PA, 110 SE 6th St, Floor 15			
			la street addres	rs	
		ale	Florida 33301		
		City		Zip Co	de
New Registered Agent's Signature, if changing Reg	istered 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. On 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

12/18/2013 14:39 FAX 9545252350

Tripp Scott

20003/0004

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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>	<u>Name</u>	Address	Type of Action
MGR	Dale S. Wood	901 SE 17th Street	Add
		Suite 206	Remove
		Ft Lauderdale, FL 33316	<u>_</u>
MGR	Biscayne Atlantic Management Services, LLC	1915 Harrison Street, 1st Floor	Add
		c/o David Garfinkle	Remove
		Hollywood, FL 33020	
			Add
			Remove
			Add
			Remove
		TALLAHASS	
		T C C C C C C C C C C C C C C C C C C C	Regiove
		·	Add
			Remove

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. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	<i>ry.)</i> .
•	
December 16 2013 //	
ated December 10	
Ky Tilan h	
Signature of a member or authorized representative of a member	
Richard Petrovich, authorized representative	
Typed or printed name of signee	

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