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COVER LETTER

	ation Sec a of Cor	ction porations		
emmer.		Blackpool Partn	ers, LLC	
SUBJECT:		Name of Lim	uted Liability Company	
1)d			under a di di ca di di di	
		Amendment and feets) are sub indence concerning this matter	·	
	•	· · · · · · · · · · · · · · · · · · ·		
		J. Rod Martir	Name of Person	·····
		Blackpool Pa		
		<u> </u>	Firm Company	
		8211 W. Brov	ward Blvd., Suite 440	
		Plantation, Fl	L 33324 L	
			City/State and Zip Code	
			oolpartners.com	
For further infor	mation co	n-mail address; (succerning this matter, please c	to be used for tuture annual report notifull:	(Cation)
		d Martin		16
Name of Person		at (305) 439-74 Area Code Daytime	: Telephone Number	
Enclosed is a che	sek for th	e following amount:		
X S25.00 Filing		□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section		STREET/COURIER ADDRESS: Registration Section		
Division of Corporations		Division of Corporations Clifton Building		
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Ce Tallahassee, FL 32		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blackpool Partners, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 19, 2005 and assign Florida document number <u>L0</u>5000103025 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of: registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

, Florida _

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each nerson_be</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of 2
MGMR	GOMEZ, Jaime Santiago		O Add
		8211 W. Broward Blvd., Suite 440 Plantation, FL 33324	X Remo
			C Chang
			D Add
			C Remo
			Chang
			O Add
			Remov
			Change
			
			C Remove
			Change
			D Add
			Remove
			Change
	 		O Add
			Change

	I/A
-	
effective o	N/A date, if other than the date of filing:
Note: If th	e 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 be the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list effective date on the Department of State's records
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl th day after the record is filed.
	September 16, 2019
Dated	5.2P/M.J
	Signature of a member or authorized representative of a member
	1.00 1.54
	J. Rod Martin

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