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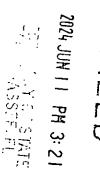
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	 #)
PICK-UP	■ WAIT	MAIL
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ua)	siness Entity Name	=)
(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
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Office Use Only



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COVER LETTER

TO:

	Registration Se Division of Cor			
eun rez	Fontis LLC			
SUBJEC	.1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Jeffrey Birnbach		
		•	Name of Person	.
		Fontis LLC		
			Firm/Company	
		7175 Saddle Creek Circle		
		<u> </u>	Address	
		Sarasota, FL 34241		
			City/State and Zip Code	
		jefl@jeffbirnbach.com		
		E-mail address: (to be used for future annual report not	ification)
For furth	er information co	oncerning this matter, please co	all:	
Jeff Bim	bach		941 312-2201	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$ 25.0	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		<u>Street Address:</u> Registration Se	ection
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	
	Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Fontis LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com	npany were filed on 06/13/2000	and assigned
Florida document number L06000059906		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Blackheart Intelligence LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(22)</u>	
		MNC 4202
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		3: 2
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	address
<u></u>		, Florida
	City	Zip Code

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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			□Remove
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fectiv	date, if other than the date of filing: (optional)
n effec ote: If	we 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 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 's effective date on the Department of State's records.
ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	ne 1, 2024
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ited _	
nted _	Signature of a pember or authorized representative of a member