10000078542

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
L. SELLERS				
APR 10 2008				

Office Use Only

EXAMINER



800119778758

03/10/08--01038--019 **25.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA 2008 APR -9 AM 10: 03

FILED

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BLACKST REET ENTREPRISES, LLC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
UONEL J. DUNBAR (Name of Person)
BUNCHERT ENTERPRISES, LLC (Firm/Company)
8323 CALUMET COURT (Address)
PORT SAINT WUE, FL 3498 (p. (City/State and Zip Code)
For further information concerning this matter, please call:
LIONEL DUNBAR at (954) 931-5707 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



March 12, 2008

LIONEL J. DUNBAR 8323 CALUMET COURT PORT ST. LUCIE, FL 34986

SUBJECT: BLACK STREET ENTERPRISES, LLC

Ref. Number: L07000078542

We have received your document for BLACK STREET ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 708A00015252

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia	ability Company as it now appears on orida Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liabi		4 31, 200 7 and assigned		
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here:			
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,"	the designation "LLC" or the abbreviation		
B. If amending the registered agent and/or a registered agent and/or the new registered office		records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	(Enter Florida street address)			
	, Florida			
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Regi	stered Agent:			
I hereby accept the appointment as registered at the provisions of all statutes relative to the prop accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	er and complete performance of m red agent as provided for in Chapto istered office address, I hereby con inge.	ay duties, and I am familiar with and er 608, F.S. Or, if this document is infirm that the limited liability ACC ACC ACC ACC ACC ACC ACC A		
		OF ST		

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>		Type of Action
MGR	KEHH OKLENS	10053 NW 13tH COURT PLANTATION, FL 33322		Add Remove
				Add Remove
				Add Remove
TO Charles - security data and Charles	# MANTER Assessed AND AND THE PROPERTY AND ASSESSMENT A			Add Remove
				Add Remove
			[Add Remove
D. If amen	ding any other information, enter c	change(s) here: (Attach additional sheets, if nec	essary.)	
				2
Dated	LONEL T.	ember or authorized representative of a member DUNBAR Typed or printed name of signee	SECRETARY OF STATE TALLAHASSEE, FLORIDA	FILE 1
		Fage 2 of 2 Filing Fee: \$25.00	STATE	ED 03