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## **COVER LETTER**

TO:	Registration of	on Section f Corporations
SUBJE	CT	OO BLACK BOOK, LLC
SUBJE	C1	Name of Limited Liability Company
		es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following:
		CASSANDRA RAMOS
		Name of Person
		CONDO BLACK BOOK, LLC
		Firm/Company
		1900 N. BAYSHORE DRIVE #1A-103
		Address
		MIAMI, FL 33132
		City/State and Zip Code
		CRAMOS@HBROSWELL.COM  E-mail address: (to be used for future annual report notification)
For furth	her informati	ion concerning this matter, please call:
CASSA	NDRA RAN	MOS 305 517-1004
	Na	ame of Person Area Code Daytime Telephone Number
Enclosed	d is a check	for the following amount:
\$25.	.00 Filing Fe	Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Nome of the Limi	ted Vichility Company on it now	onnoun on one seconds \	<del></del>
(19ante of the Little	ted Llability Company as it now (A Florida Limited Liability Con	ipany)	
The Articles of Organization for this Limited L	iability Company were filed	on_12/26/2007	and assigned
Florida document number L07000126946	· · · · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability comp	any here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company	," the designation "LLC" or the abb	reviation "L,L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
			<u> </u>
			1 Han
Enter new mailing address, if applicable:			프 용약
(Mailing address MAY BE A POST OFFICE	BOX)		
			<del>ज</del> ्र
B. If amending the registered agent and registered agent and/or the new registered or	or registered office addre	ess on our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			*****
New Registered Office Address:	1900 N. BAYSHORE DRI	VE #1A-103	
· · · · · · · · · · · · · · · · · · ·	En	ster Florida street address	
	MIAMI	, Florida	
	City		Zip Code

## 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 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

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Filing Fee: \$25.00