

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
 Account Number : 072450003255
 Phone : (305)634-3694
 Fax Number : (305)633-9696

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 10 JUN -2 AM 8:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

****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
BLACK CASTLE GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

EXAMINER

JUN 03 2010

S. HAWKES

Electronic Filing Menu

Corporate Filing Menu

Help



June 1, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLACK CASTLE GROUP, LLC
333 LAS OLAS WAY #1506
FT. LAUDERDALE, FL 33301

SUBJECT: BLACK CASTLE GROUP, LLC
REF: L08000009246

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You filled out the corporation forms for your amendment. You need to fill out the florida limited liability company amendment form.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H10000126293
Letter Number: 810A00013546

P.O BOX 6327 - Tallahassee, Florida 32314

H10000126293

COVER LETTER

④

TO: Registration Section
Division of Corporations

SUBJECT: BLACK CASTLE GROUP 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:

TODD ADLER

Name of Person

BLACK CASTLE GROUP LLC

Firm/Company

333 LAS OLAS WAY, #1506

Address

FT. LAUDERDALE, FL 33301

City/State and Zip Code

tadler22@mac.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TODD ADLER

Name of Person

at (954)

456-2676

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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 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

H10000126293

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BLACK CASTLE GROUP 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 01/25/2008 and assigned
Florida document number L08000009246.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

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 the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 608, 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

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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>	<u>Address</u>	<u>Type of Action</u>
MGRM	FRANK INFANTINO	5321 MCKINLEY STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 6/02, 2010

Todd Adler
Signature of a member or authorized representative of a member

TODD ADLER

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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