

L08000022529

(Requestor's Name)

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(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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2017 MAR 15 P 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S Warren

MAR 16 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2017

CHRISTIN GRISKIE  
141 PINEHILL TRAIL WEST  
TEQUESTA, FL 33469

SUBJECT: CHRISTIN GRISKIE LLC  
Ref. Number: L08000022529

We have received your document for CHRISTIN GRISKIE 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):

We are enclosing the proper form(s) with instructions for your convenience.

Please list only the current name and the name you want to change to, you have two names listed, Blackline Consulting and Project Management, LLC and BCPM, LLC.

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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 217A00003363

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Christin Griskie CHRISTIN GRISKIE  
Name of Limited Liability Company LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christin Griskie  
Name of Person

Christin Griskie LLC  
Firm/Company

141 Pinehill Trail W.  
Address

Teguesta FL 33469  
City/State and Zip Code

Christin.griskie@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christin Noel at (954) 204-1024  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

PAID 2/21/17

☐ \$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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CHRISTIN GRISKIE 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 3/3/2008 and assigned  
Florida document number LO8000022529.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Blackline Consulting and Project Management, LLC

The new name must be distinguishable and contain 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 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

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TALLAHASSEE  
FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

STING

Christin N. Griskie

Typed or printed name of signee

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