

L09000092586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

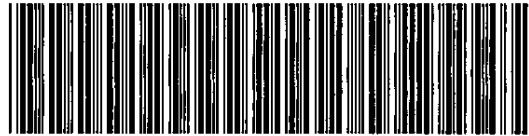
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 AUG 11 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER

AUG 11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 13, 2016

BLACKRAIN PARTNERS, LLC  
CYNTHIA BLACKWELL  
145 MIDDLE ST, STE. 1111  
LAKE MARY, FL 32746

SUBJECT: BLACKRAIN PARTNERS, LLC  
Ref. Number: L09000092586

We have received your document for BLACKRAIN PARTNERS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is the missing page (signature page) for your convenience. Please sign and return to our office.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 616A00014646



July 7, 2016

RE: Amendment to Corporate Articles

Enclosed are the documents to amend the membership for BlackRain Partners, LLC and have been executed by Cynthia Blackwell, Founder and CEO as well as managing member. A check for \$30 is also enclosed for the processing and a certified copy of the amended articles of membership.

The purpose of the amendment is to remove Amy Pennock as a member and owner of the firm. She is no longer a member, owner or affiliated with BlackRain Partners, LLC.

If further information is needed or required I, Cynthia Blackwell, can be reached at 407.312.2488 any time during normal business hours.

Thank you,

A handwritten signature in black ink, reading "Cynthia Blackwell". The signature is fluid and cursive, with the first name "Cynthia" and last name "Blackwell" clearly distinguishable.

Cynthia Blackwell

Founder & CEO

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BlackRain Partners, 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:

Cynthia Blackwell  
Name of Person

BlackRain Partners, LLC  
Firm/Company

145 Middle Street, Suite 1111  
Address

Lake Mary, FL. 32746  
City/State and Zip Code

c.blackwell@blackrainpartners.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Blackwell at 407 312-2488  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

BlackPain Partners, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Sept. 24, 2009 and assigned  
Florida document number LD9000092586

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 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)

121. S. Orange Avenue

Suite 1500

Orlando, FL. 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1540 International Pkwy.

Suite 2000

Lake Mary, FL 32746

**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

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>
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mgr	Amy Pennock		<input type="checkbox"/> Add
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			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change
--	--	--	---------------------------------

mgr.	Wendy Sellers	121 S. Orange Avenue	<input type="checkbox"/> Add
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		Suite 1500	<input type="checkbox"/> Remove
--	--	------------	---------------------------------

		Orlando, FL 32801	<input checked="" type="checkbox"/> Change
--	--	-------------------	--

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(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)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated Aug. 11, 2016.

Cynthia Blackwell

Signature of a member or authorized representative of a member

Cynthia Blackwell

Typed or printed name of signer