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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
SEP 21 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLACKWALL 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:

JOHNNY VAN SESSION

Name of Person

JOHNNY DOC GAMING CONSULTANTS

Firm/Company

433 SILVER BEACH AVE SUITE 204

Address

DAYTONA BEACH, FL 32118

City/State and Zip Code

sessionjv@clearwire.net

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

For further information concerning this matter, please call:

Johnny Van Session

Name of Person

at (**386**)

405-5963

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

BLACKWALL GROUP, LLC

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FALLAHSEE
STATE
FLORIDA

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>
MRGM	SANCHEZ, ELSIE	1840 SOUTHWEST 22 STREET	<input type="checkbox"/> Add
		4TH FLOOR	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33145	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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FLORIDA

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

Dated September 15th 2010



Signature of a member or authorized representative of a member

JAMES CHIRILLO

Typed or printed name of signee