

L10000048883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

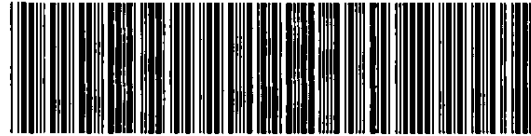
Special Instructions to Filing Officer:

A. LUNT

JUN -9 2010

EXAMINER

Office Use Only



400181595394

06/07/10--01035--010 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUN -7 AM 10:57

FILED

COVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT: Blackport Realty 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:

Gunter Gies

Name of Person

Blackport Realty Group, LLC

Firm/Company

901 SE 17th Street - Suite # 206

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

gunter.gies@blackportgroup.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUN -7 AM 10:57

FILED

For further information concerning this matter, please call:

n/a

at ()

Name of Person

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

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

Blackport Realty 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 05/06/2010 and assigned
Florida document number L10000048883.

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:

James Parent

New Registered Office Address:

901 SE 17th Street - Suite # 206

Enter Florida street address

Fort Lauderdale, Florida 33316

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.

James Parent
If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
MGR	Jim Parent	901 SE 17th Street Suite # 206 Fort Lauderdale, FL 33316	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	James Parent	901 SE 17th Street Suite # 206 Fort Lauderdale, FL 33316	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Andre Hoffmann	901 SE 17th Street Suite # 206 Fort Lauderdale, FL 33316	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Kristine Wood	901 SE 17th Street Suite # 206 Fort Lauderdale, FL 33316	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Dale S. Wood	901 SE 17th Street Suite # 206 Fort Lauderdale, FL 33316	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

please add EIN #: 27-251 8570

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2810 JUN -7 AM 10:57

FILED

Dated June, 3rd

2010

Signature of a member or authorized representative of a member

James Parent

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00