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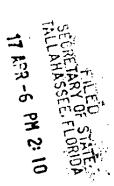
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COVER LETTER

TO:

Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Co Blackhaw	rporations k Real Estate, LLC		
SUBJECT:	·	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Connie J. Rodriguez		
		Name of Person	
	BLACKHAWK REAL ES	STATE, LLC	
		Firm/Company	
	5422 BAY CENTER DRI	VE, SUITE 200	
		Address	
	TAMPA, FL 33609		
		City/State and Zip Code	
	connie.rodriguez@khss.com	n to be used for future annual report notific	70 PP
For further information	concerning this matter, please c	•	T APR -6 PH 2: 10
Connie J. Rodriguez		813 493-9287	2: 1.
Name	of Person	at () Area Code Daytime 7	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fec	□ \$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)
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURIE Registration Section Division of Corporat	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACKHAWK REAL ESTATE, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on May 18, 2010	and assigned
Florida document number L10000053512		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5422 BAY CENTER DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 200	SEC
	TAMPA, FL 33609	罚 圣型
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above	R-6 PH
Maning universe MAT BL AT OST OFFICE DOA		2: 10 BIUH
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		_
	, Florid	da 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>	Address	Type of Action
MGR	CONNIE J. RODRIGUEZ	5422 BAY CENTER DR. SUITE 2	∃ Add
			Remove
			□ Change
			Add
			☐ Remove
			Remove Change
			Remarke T.C.
			Change
			Add
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			Remove
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	ist be specific and cannot be prior to datalock does not meet the applicable s	e of filing or more than 90 days a	
record specifies a delaye he 90th day after the re	d effective date, but not an cord is filed.	effective time, at 12:0	1 a.m. on the earlier o
ed APRIL 4	, 2017		
al I	Signature of a member or authorized		
	Signature of a member or authorized	representative of a member	

Page 3 of 3

Filing Fee: \$25.00

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000053512

Entity Name: BLACKHAWK REAL ESTATE, LLC

Current Principal Place of Business:

648 HARBOR ISLAND

CLEARWATER BEACH, FL 33767

Current Mailing Address:

648 HARBOR ISLAND

CLEARWATER BEACH, FL 33767

FEI Number: 27-2611673

Certificate of Status Desired: Yes

FILED Feb 07, 2017

Secretary of State

CC5511931830

Name and Address of Current Registered Agent:

CANNON, MICHAEL R 648 HARBOR ISLAND CLEARWATER BEACH, FL 33767 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title

MGRM

Name

CANNON, MICHAEL R

Address

648 HARBOR ISLAND

City-State-Zip: CLEARWATER FL 33767

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.