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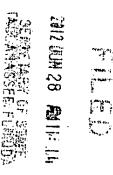
(Requestor's Name)			
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T. CLINE

JUL - 2 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: BLACKSHELL LLC.					
	Name of Lin	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are so	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
		MICHAEL DUER			
		Name of Person			
BLACKSHELL LLC.					
	Firm/Company				
	9800 TOUCHTON RD. APT. 416				
	Address				
	JACK	SONVILLE FLORIDA	32246		
City/State and Zip Code					
	SECTORELITECEO@YAHOO.COM E-mail address: (to be used for future annual report notification)				
F- 6 11 116 11		•	n t notification)		
For further information	concerning this matter, please	call:			490
MI	CHAEL DUER	at (904)	228-5777 Daytime Telephone Number	© 5 N	Andreas
Name	of Person	Area Code &	Daytime Telephone Number		ξ., λ.,]
					- E
Enclosed is a check for	the following amount:			37	4,00
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed) Certified	e of Status &	1)

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

(<u>Name of the Limited</u>)	BLACKSHI Liability Compar Florida Limited L	ELL LLC. Iv as it now appears on or iability Company)	ur records.)		_	
The Articles of Organization for this Limited Lia Florida document numberL10000103		were filed onOC	T. 4, 2010	and	assign	ed
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liabi	lity company here:				
	Sector Elite	LLC.				
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," the	e designation '	'LLC" or t		eviatio
Enter new principal offices address, if applica	ble:	9800 TOUCHTON	RD. AI	⊃T: 416	<u> 2</u> 212	
(Principal office address MUST BE A STREET ADDRESS)		JACKSONVILLE, F	L. 32246			77
					28	gotta a
Enter new mailing address, if applicable:		9800 TOUCHTON	RD. AF	ディ 2 <u>7</u> 4416		The same
(Mailing address MAY BE A POST OFFICE BOX)		JACKSONVILLE, F	L. 32246			
B. If amending the registered agent and/or registered agent and/or the new registered offi			cords, <u>enter</u>	the nam	e of tl	he nev
Name of New Registered Agent:	N/A		·			
New Registered Office Address:	9800 TOUCHTON RD, APT. 416					
	Enter Florida street address					
	JACI	KSONVILLE	_, Florida _	32:	246	
	City		_	Zip C	ode	

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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action			
N/A	N/A	N/A N/A N/A				
N/A	N/A	N/A N/A N/A				
N/A	<u>N/A</u>	N/A N/A N/A	EG DE			
N/A	N/A	N/A N/A N/A	□ Fdd □ Remove			
N/A	<u>N/A</u>	N/A N/A N/A	☐ Add ☐ Remove			
N/A	N/A	N/A N/A N/A	AddRemove			
D. If an	nending any other information, enter cha	ange(s) here: (Attach additional	sheets, if necessary.)			
	To be clear,I (Michael Duer) am si	till the registered agent and	Managing Member			
	Just my address has changed, wh	nich means I had to change	everything for my			
	LLC buisness too. Thanks for all t	the help!				
		<u> </u>				
Dated _	11 JUNE	2012				
	<i>M</i> /1					
	Signature of a member or authorized representative of a member					
	MICHAEL DUER					
	Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00