(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #))
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
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Certified Copies	_ Certificates of	Status
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OCT 2.1 2014 J. BRUCE

COVER LETTER

TO: Registration of Division of	f Corporations
SUBJECT:	Black Rock Sho BAL, 11C
	Name of Limited Liability Company
	•
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	YING Nemerott
	Name of Person
	Black Rock GhobAL. 11C
	Firm/Company
	274 Redwood Shores pkny, #410

VKdBA & AOL, COM

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

For further information concerning this matter, please call:

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 Sta Certified Con (additional cor

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

(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 ____ 0000110490 Florida document number 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 "LLC." 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: New Registered Office Address: Enter Florida street address 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

If Changing Registered Agent, Signature of New Registered Agent

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.

f amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Hua YANG	274 Redwood Shores P	KW # HID - Add
		274 Redwood Shores P Redwood Shores City	CA 94065 KRemove
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Effective date, if	other than the date of filing:		(optional)
Effective date, if	other than the date of filing: _ st be specific, cannot be prior to date o	of receipt or filed date and ca	(optional) unnot be more than 90 days after
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Page 3 of 3

Filing Fee: \$25.00

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