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SECRETARY OF STATE

T. CLINE
MAR 2 1 2011
EXAMINER

COVER LETTER

Division of Co	orporations				
SUBJECT:BL	ACK LABEL INVES	TMENT ENTERP	RISES. LLC		
SOBJECT:		ted Liability Company		-	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		OADLA DI AOK			
		CARLA BLACK		<u> </u>	
		Name of Person			
	BLACK LABEL I	NVESTMENT ENTE	RPRISES, LLC		
		Firm/Company			
	727 Saint Albans Drive				
·	-	Address			
	В	oca Raton, FL 33486	6		"
		City/State and Zip Code			•
	mo	ssandivyinc@aol.co	m	AL 82	
	E-mail address: (to be used for future annual re	port notification)		
For further information	concerning this matter, please of	all:		AR I ETAR HASS	<u> </u>
C	ARLA BLACK	at (561)	395-9077	18 AM D LJ RY OF STATE SSEE, FLORID	
Name of Person Area Code & Daytime Telephone Number		iber FOR	1.7		
				ATE PRIO	
Enclosed is a check for	the following amount:			T	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fce & Certified Copy (additional copy is	Certif	Filing Fee, icate of Status & ied Copy	

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACK LABEL INVESTMENT ENTERPRISES, 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 Lial	oility Company were filed on	01/01/2011	and assigned
Florida document numberL100001204	.56		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here	:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	y," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applical	ole:		ZOII
(Principal office address MUST BE A STREET	ADDRESS)		AR F
			TAR ASS
			m → ∞ (
Enter new mailing address, if applicable:		·	
(Mailing address MAY BE A POST OFFICE B	0V)		
Muning dauress MAT BE A FOST OFFICE B	<u></u>		₹ ₩ €
			•
B. If amending the registered agent and/or registered agent and/or the new registered offi		r records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	. Florida		
	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.

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>	<u>Address</u>	Type of Action
mgrm_	Lauren Black	727 Saint Albans Drive Boca Raton, Fl. 33486	✓ Add Remove
			Add Remove
			Add Remove
			AHAMAR Semons
			Add D
			Add Remove
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necess	sary.)
_			
Dated	February 18th,	2011 .	
		CARLA BLACK	
	Signature of a men	nber or authorized representative of a member	
		CARLA BLACK	
	[y _]	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00