

L10000120456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

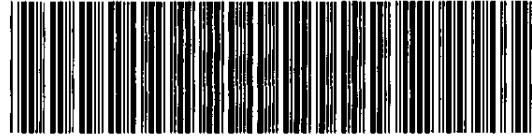
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000211564840

09/13/11--01022--003 **25.00

FILED
2011 SEP 26 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

SEP 27 2011

EXAMINER

September 23rd, 2011

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section
Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

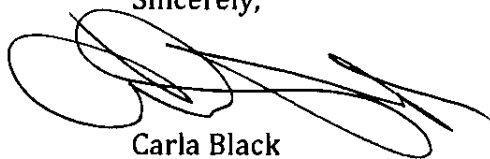
Re: Letter # 711Aooo21288

Hi Tammy, We spoke on the phone regarding the name change. I am mailing this as suggested now for the anticipated yearlong expiration of the administrative dissolution of the requested name. I now know I filed too soon.

My check has been cashed by the division that accompanied my earlier request, so that will not be enclosed with the original paperwork and the division's response.

Thank you for your attention to my request.

Sincerely,

A handwritten signature in black ink, appearing to read 'Carla Black', with a large, stylized flourish at the end.

Carla Black
Black Label Investment Enterprises, LLC
727 St. Albans Drive
Boca Raton, FL 33486
1.561.866.1300
1.561.279.7503 (f)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 SEP 26 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 14, 2011

CARLA A BLACK
727 ST ALBANS DR
BOCA RATON, FL 33486

SUBJECT: BLACK LABEL INVESTMENT ENTERPRISES, LLC
Ref. Number: L10000120456

We have received your document for BLACK LABEL INVESTMENT ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 711A00021288

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2011 SEP 26 AM 9:49

BLACK LABEL INVESTMENT ENTERPRISES, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/19/2010 and assigned Florida document number L10000120456.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BLACK LABEL ENTERPRISES, LLC

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:

New Registered Office Address:

Enter Florida street address

BOCA RATON

Florida

33486

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:

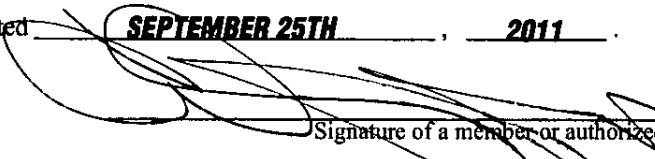
MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---|
| _____ | _____ | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input 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.)*

FILED
 2011 SEP 26 AM 9:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated SEPTEMBER 25TH, 2011


Signature of a member or authorized representative of a member

CARLA BLACK
Typed or printed name of signee