

L100000120456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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2011 SEP 26 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

SEP 27 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **BLACK LABEL INVESTMENT ENTERPRISES, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**CARLA A. BLACK**

Name of Person

Firm/Company

**727 ST. ALBANS DRIVE**

Address

**BOCA RATON, FL 33486**

City/State and Zip Code

**mossandivyinc@aol.com**

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

For further information concerning this matter, please call:

**CARLA BLACK**

Name of Person

at ( **561** )

**866-1300**

Area Code & 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 Status &  
Certified Copy  
(additional copy is enclosed)

### 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

September 23<sup>rd</sup>, 2011

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

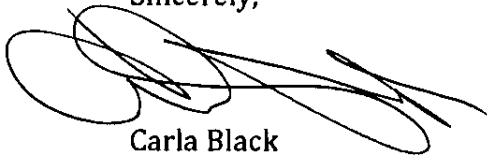
Re: Letter # 711Aooo21288

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 extending from the end of the signature.

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
		_____	

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

\_\_\_\_\_

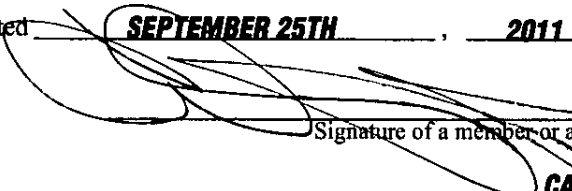
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FILED  
 2011 SEP 26 AM 9:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated SEPTEMBER 25TH, 2011

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 \_\_\_\_\_  
**CARLA BLACK**  
 \_\_\_\_\_  
 Typed or printed name of signee