

# L 11000024592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
12 OCT 17 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
OCT 18 2012

## Black-I Technologies, LLC

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10023 Bay Harbor Ter  
Bay Harbor Is, FL 33154  
(305) 929-3636  
sayahh32@gmail.com

October 16, 2012

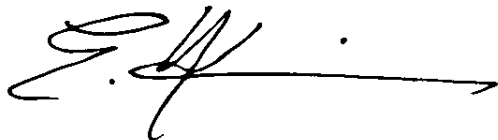
Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Sir or Madam:

This request is being submitted for the purpose of amending the managers as stated in Article V of the original articles of Organization. It is also requested that these amendments be retroactive to the original effective date of February 28, 2011.

Thank you so much for handling this request. If you require further information, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read 'E. Kirsh', with a long horizontal flourish extending to the right.

Edward R. Kirsh

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BLACK-I TECHNOLOGIES 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:

EDWARD KIRSH

Name of Person

Firm/Company

10023 BAY HARBOR TER

Address

BAY HARBOR IS, FL 33154

City/State and Zip Code

SAYAHH@MSN.COM

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

For further information concerning this matter, please call:

EDWARD KIRSH

Name of Person

at ( 305 )

929-3636

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BLACK-I TECHNOLOGIES, LLC

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

FILED  
12 OCT 17 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on FEB 28, 2011 and assigned  
Florida document number ~~900196188199~~ #L11000024592

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

EDWARD KIRSH

10023 BAY HARBOR TER

BAY HARBOR IS, FL 33154

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

**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

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:

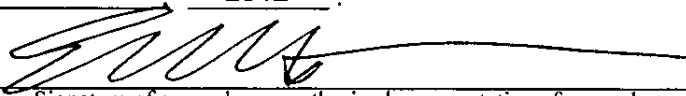
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PABLO CASANOVA	860 E 28ST HIALEAH, FL 33018	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	WILLIAM KIRSH	2535 REGATTA AVENUE MIAMI BEACH, FL 33140	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GARY M COOK	78 TOWNSEND ST PEPPERELL, MA 01463	<input type="checkbox"/> Add <input checked="" 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.)*

AMEND DATE IS RETROACTIVE TO FEB 28, 2011

Dated OCTOBER 15 2012

  
Signature of a member or authorized representative of a member

Edward Kirsit  
Typed or printed name of signee