

L110000046190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

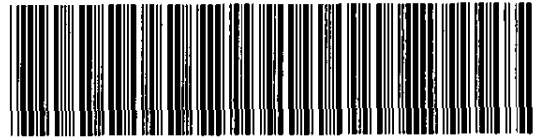
Special Instructions to Filing Officer:

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B. KOHR

MAY 20 2011

EXAMINER



500207816595

RECEIVED

11 MAY 20 PM 1:59

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAY 20 PM 3:40



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 784981 4328337

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 20 PM 3:40

ORDER DATE : May 20, 2011

ORDER TIME : 11:24 AM

ORDER NO. : 784981-005

CUSTOMER NO: 4328337

DOMESTIC AMENDMENT FILING

NAME: BLACK ISLAND CAPITAL, LLC

EFFECTIVE DATE:

XXX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: MATTHEW YOUNG -- EXT# 2962

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BLACK ISLAND CAPITAL LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 20 PM 3:40

The Articles of Organization for this Limited Liability Company were filed on 04/19/2011 and assigned
Florida document number L11000046190.

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)

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: Cohen & Grigsby, P.C.

New Registered Office Address: 27200 Riverview Center Blvd., Suite 309
(Enter Florida street address)

Bonita Springs, Florida 34134
(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.

Cohen & Grigsby, P.C.

By: Henry C. Cohen, Esq.
(If Changing Registered Agent, Signature of New Registered Agent)

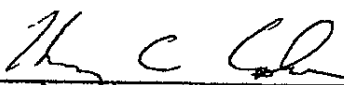
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Joshua J. Tuyls	27499 Riverview Center Blvd. Suite 103 Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Rodney L. Ashmore	27499 Riverview Center Blvd. Suite 103 Bonita Springs, FL 34134	<input checked="" 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.)*

Dated May 18, 2011



Signature of a member or authorized representative of a member
Henry C. Cohen, Authorized Representative

Typed or printed name of signee