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(Re	questor's Name)	•			
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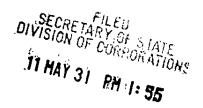
TO:

Registration Section

Division	of Corpora	ations	٠.		
SUBJECT:		BLACK OPAL	ENTERPR	ISES, LLC	
SUBJECT:			ted Liability Cor		
The enclosed Arti	icles of Ame	endment and fee(s) are sub	omitted for filing		
Please return all c	corresponder	nce concerning this matter	to the following	:	
	_	Joe	el Martin McT		
			Name of Pe	erson	
	_	Frank Weinberg & Black, PL			
		Firm/Company			
		7805 SW 6th Court			
	Address				
		ţ	Plantation, FI	_ 33324 · ''	
	_		City/State and 2		
		jr	nctague@fw	blaw.net re annual report notifica	
		E-mail address: (to be used for futu	re annual report notifica	tion)
For further inforn	nation conce	erning this matter, please of	call:		
	Joel Mart	tin McTague	at (_95		74-8000
	Name of Per	rson		Area Code & Daytime T	elephone Number
Enclosed is a che	ck for the fo	ollowing amount:			
√ \$25.00 Filing	Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Fil Certified (addition		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	÷				
MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3		n Section Corporations 327		STREET/COURIED Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACK OPAL ENTERPRISES LLC



(Name of the Limited Liability (A Florida	y Company as it now appear	s on our records.)			
(A Florida	Emilied Elability Company)	£			
The Articles of Organization for this Limited Liability C	Company were filed on	5/18/2011	and assigned		
Florida document number L11000058710	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :			
BLACK OF	PAL HOLDINGS, LLC				
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Compa	ny," the designation "l	LLC" or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDI	RESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)			····		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, <u>enter</u>	the name of the nev		
registered agent and/or the new registered office and	ii ess nei e.				
Name of New Registered Agent:					
New Registered Office Address:					
-	En	Enter Florida street address			
		, Florida			
	Citv		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> **Address Type of Action** ☐ Add Remove Remove _____ Remove Remove ∏Add __Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ____ May 25 2011 Signature of a member or authorized representative of a member Jill Lache Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00