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(City/State/Zip/Phone #)

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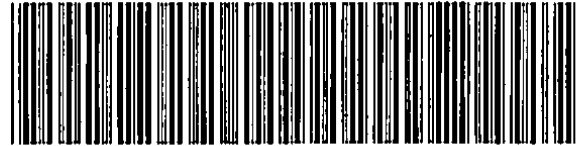
(Business Entity Name)

(Document Number)

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Amend

SEP 11 2019

D CUSHING

BURNS & SEVERSON, P.A.

LAWYERS

JOHN L. BURNS (1925-2009)

JOHN M. SEVERSON

Florida Bar Board Certified, Wills, Trusts & Estates

Fellow, American College of Trust & Estate Counsel (ACTEC)

ERIC R. SEVERSON

LL.M., Elder Law

400 COLUMBIA DRIVE, SUITE 100
WEST PALM BEACH, FLORIDA 33409

OR

MAILING ADDRESS:

P.O. BOX 349

WEST PALM BEACH, FLORIDA 33402

TELEPHONE (561) 687-2003

FAX (561) 687-8103

WWW.BURNSANDSEVERSON.COM

August 27, 2019

Registration Section
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Black Box Booking, LLC; L11000114487

Dear Madam or Sir:

Enclosed please find Articles of Amendment to the Articles of Organization of the above-referenced entity. The enclosed are being sent in our efforts to remove Jerry Seltzer as the Manager, who will be replaced by Lisa Seltzer.

Additionally, enclosed please find a check payable to the Florida Department of State in the amount of \$25.00, representing the filing fee.

Should you require any additional information to fulfill this request, please do not hesitate to contact me.

With best regards,



Eric R. Severson

ERS

Encls.

cc: Lisa Seltzer

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLACK BOX BOOKING, 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:

ERIC R. SEVERSON, ESQ.

Name of Person

BURNS & SEVERSON, P.A.

Firm/Company

PO BOX 349

Address

WEST PALM BEACH, FLORIDA 33402

City/State and Zip Code

ERS@BURNSANDSEVERSON.COM

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

For further information concerning this matter, please call:

ERIC R SEVERSON

561

687-2003

at (_____) _____

Name of Person

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 BOX BOOKING, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/06/2011 and assigned Florida document number L11000114487.

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 contain 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 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 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JERRY SELTZER	2145 HENLEY PLACE	<input type="checkbox"/> Add
		WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LISA SELTZER	2145 HENLEY PLACE	<input checked="" type="checkbox"/> Add
		WELLINGTON, FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 27 2019



Signature of a member or authorized representative of a member

ERIC R. SEVERSON

Typed or printed name of signee