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COVER LETTER

TO: Registration Section Division of Corporation Corporation (Corporation Corporation)		
SUBJECT:	3 lackstone Labs LLL	
	Name of Limited Liability Company	
. ,		
The enclosed Articles of An	mendment and fee(s) are submitted for filing.	
Please return all corresponde	dence concerning this matter to the following:	型 芯
	Aaron Singerman	JUL-2
	Blackstone Labs LLC	THE STATE OF THE S
	Firm/Company	
	3099 NW 26th Ave	>
	Address	
	Boca Raton, FL 33434 City/State and Zip Code	
	City/State and Zip Code Carlon Singerman emel (Com E-mail address: (to be used for future annual report notification)	
	2 man addition (10 00 0000 101 Man annual report nothibation)	
For further information cond	cerning this matter, please call:	
Haron S Name of Po	erson at (13851-5750) Area Code & Daytime Telephone Number	
Enclosed is a check for the	following	
		
□ \$25.00 Filing Fee	(additional copy is enclosed) Certified	e of Status &

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

(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 Florida document number 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: 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 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 Title · Name **Address Type of Action** Singerman 3099 NW 26 In Ave Remove Henderson, 60 80640 Remove Add Remove Rémove Add Remove Add Remove

	tion, enter change(s) here: (Attach additional sheets, if necessary
· · · · · · · · · · · · · · · · · · ·	
Tune 2	7th (2013
() \(\lambda \) \(\lambd	nature of a moraber or authorized representative of a member
	(1) (3)
7	Typed or printed name of signee

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Filing Fee: \$25.00

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