

212 000 111 226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

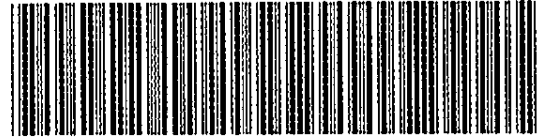
(Document Number)

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

Special Instructions to Filing Officer:

05/03/21  
TM

Office Use Only



900361977899

03/15/21--01018--020 \*\*25.00

21 no.

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

Blackstone Labs LLC

**SUBJECT:** \_\_\_\_\_  
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:

Phillip Braun

\_\_\_\_\_  
Name of Person

Blackstone Labs LLC

\_\_\_\_\_  
Firm/Company

1120 Holland Drive, Ste 14

\_\_\_\_\_  
Address

Boca Raton, FL 33487

\_\_\_\_\_  
City/State and Zip Code

books@blackstonelabs.com

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

For further information concerning this matter, please call:

cheryl thibodeau

561 5633841

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
TALLAHASSEE  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
21 MAR 15 PM 3:19

Blackstone Labs 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 1/12/2021 and assigned Florida document number L12000111226.

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 new registered agent and/or the new registered office address here:**

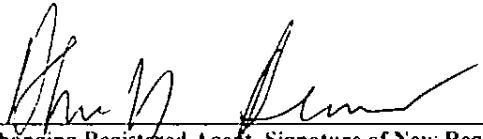
Name of New Registered Agent: Phillip Braun

New Registered Office Address: 1120 Holland Drive, Ste 14  
*Enter Florida street address*

Boca Raton, Florida FL 33487  
*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 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

REGISTRY OF STATE  
 DIVISION OF CORPORATIONS

21 MAR 15 PM 3: 19

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR <u>President</u>	Phillip Braun	1120 Holland Drive, Ste 14, Boca Raton, FL 33487	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
COO	Richard Newton	<u>1120 Holland Dr, Ste 14</u> <u>Boca Raton, FL 33487</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Jared Wheat	6015-B Utility Dr. Norcross, GA 30071	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MbK</u>	<u>Richard Newton</u>	<u>1120 Holland Drive, Ste 14</u> <u>Boca Raton, FL 33487</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change



**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000111226

Entity Name: BLACKSTONE LABS, LLC

Current Principal Place of Business:

1120 HOLLAND DRIVE, STE 14  
BOCA RATON, FL 33487

Current Mailing Address:

1120 HOLLAND DRIVE, STE 14  
BOCA RATON, FL 33487 US

FEI Number: 46-0921774

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEWTON, RICHARD  
1120 HOLLAND DRIVE  
SUITE 14  
BOCA RATON, FL 33487 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	COO
Name	NEWTON, RICHARD G	Name	NEWTON, RICHARD
Address	1120 HOLLAND DRIVE, STE 14	Address	1120 HOLLAND DRIVE, STE 14
City-State-Zip	BOCA RATON FL 33487	City-State-Zip	BOCA RATON FL 33487

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: RICHARD NEWTON

COO

01/12/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date