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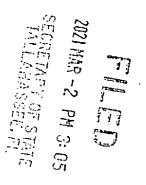
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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4/26/21

COVER LETTER

	gistration Sovision of Co				
SUBJECT	BLACK S	TAR PROPERTIES LLC			
SUBJECT	<u></u>	Name of Lin	nited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are suf	bmitted for filing.		
Please retur	n all correspo	ondence concerning this matter	r to the following:		
		VERONICA SMITH			
			Name of Person		
		BLACK STAR PROPER	TIES LLC		
			Firm/Company		202I
		1000 NW 83RD WAY			2021 MAR
			Address		-2 Pi
		PEMBROKE PINES FL 3	33024	က် မြောင် (၁)	· —
		YOURAGENTVSMITH@	City/State and Zip Code	PA	ે ડઃ 05
		E-mail address: (to be used for future annual report no	tification)	
For further i	information e	oncerning this matter, please c	all:		
VERONICA	A SMITH		404 966-5036		
-	Name o	f Person	Area Code Daytii	me Telephone Number	
Enclosed is	a check for th	ne following amount:			
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Status &
	iling Addres gistration S		Street Address: Registration Sc	ection	
		orporations	Division of Co		
	D. Box 632		The Centre of	Tallahassee	
Ta	llahassee, F	L 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACK STAR PROPERTIES LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)	
he Articles of Organization for this Limited Liability Co	mpany were filed on 10/01/2012	and assigned
lorida document number L12000124720		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
MITH & GORDON ENTERPRISE LLC		0. 63
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE		
	(ഗ) දරුල් සිරි	T1 THE
	្រែ	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	1	., 51
<u></u>		
. If amending the registered agent and/or registered	office address on our records, enter the nar	ne of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:	·	
New Registered Office Address:		
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 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 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>	Address	Type of Action
			
			□Remove
			□Change
			DAdd
			Remove
			Change
			Change Ch
			Remove Control Contro
			□Add
			□Remove
			□Change
			_Add
			Remove
			☐ Change
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	<i>(</i> , <i>n</i>)
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing.	
ee: If the date inserted in this block does not meet the applicable statuto ument's effective date on the Department of State's records.	ory filing requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective time, at 12:0	11 a.m. on the earlier of: (b) The 90th day after th
s filed.	
ed FEBRAURY. 22 2021	
ed TEBRAOKT 22	 -
y-	

Typed or printed name of signee