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LLC Amera

09/20/24--01010--024 **25.00



A. RAMSEY

UCT / 2024

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT:	Black Star Pro	perties LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
Trease retain an earresp		a. a.e. ione a mg.	
		Veronica Smith	
		Firm/Company	
		Address LYIL	
	Pembro	he Pres FL 3300 City/State and Zip Code	4
	E-mail address: (1	2	SM_
For further information of	concerning this matter, please ca	all:	
Vercoice Name of	a Smith	at (404) 966-5036 Area Code Daytime Telephone	e Number
Enclosed is a check for t	he following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address: Registration Section	
Registration Division of 0		Division of Corporation	S
P.O. Box 632		The Centre of Tallahass	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 SEP 20 AM 8: 28

(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 $\frac{10}{12}$ and assigned Florida document number $\frac{1200124720}{120012000000000000000000000000000000$
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:
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
Other	Phillip Perry	Pembroke Pines FL 33001	□Add
		Pembroke Pines FL 33001	PRemove
			□Change
AM. Shr	Shereese Smith	3480 NW 2107	□Add
		Miami GARdens FL 330	56 ERemove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ive date, if other than the date of filing: [cetive 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
he reco ord is fi	rd 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 iled.
Dated	
	Signature of a member or authorized representative of a member
	Veronica Smith

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Filing Fee: \$25.00