L12000127402

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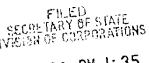
COVER LETTER

TO: Registratio Division of	n Section Corporations		·			
SUBJECT:	BLACK HIVE CO	OMICS AND MORE, LLO				
Scholer.	Name of Limited Liability Company					
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.				
Please return all corr	espondence concerning this matte	er to the following:				
		Nick Wilmot				
		Name of Person				
	Debbie's Accounting Service Inc					
	Firm/Company					
	3575 Southside Blvd					
Address						
•	Jacksonville, FL 32216					
		City/State and Zip Code				
	E-mail address:	tomcrego@aol.com (to be used for future annual report notif	cation)			
For further informati	on concerning this matter, please	call:				
	Nick Wilmot	at (904)	733-4547			
Name of Person		Area Code & Daytim	e Telephone Number			
Enclosed is a check	for the following amount:		•			
\$25.00 Filing Fee	San San Status 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

BLACK HIVE COMICS AND MORE, LLC

ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS



12 OCT 22 PM 1: 35 **OF**

(Name of the Limited I	Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia Florida document numberL120001274	• • •	were filed on	10/05/2012	and assigned
Γhis amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and end with 'L.L.C."	the words "Lim	ited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:		2724 PARK ST		
Principal office address MUST BE A STREET ADDRESS)		JACKSONVILLE, FL 32205		
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE E	<u>80X)</u>			
B. If amending the registered agent and/o registered agent and/or the new registered off			our records, <u>enter 1</u>	he name of the nev
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		E	ıter Florida street ada	ress
			, 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 Changing Registered Agent, Signature of New Registered Agent

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 <u>Name</u> Address Type of Action __ Add Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Only changing physical principal address to 2724 Park St Jacksonville, FL 32205 October 15 2012 Dated Signature of a member or authorized representative of a member Nicholas K Wagner Typed or printed name of signce

Page 2 of 2

Filing Fee: \$25.00