# L 13000055052

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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(Do	ocument Number)	
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## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	BLACKBONZ	1.1. C	
	Name of Limite	ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are subr	mitted for filing.	
Please return all corres	pondence concerning this matter t	o the following:	
	Andres Abo	Person	
	Firm/Con	unany	
	_	190 Street, Ap	+ 117
	Aventura F	L 33180	
	abadiandres  E-mail address: (to be used fo	r future annual report notification)	`
	For further information concerning	•	
	Andres Name of Person	at ( <u>786</u> ) <u>Area Code &amp; l</u>	246-4416 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



### FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

13 JUL 19 AM 6:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 2, 2013

ANDRES ABADI 3330 NE 190 ST APT 117 AVENTURA, FL 33180

SUBJECT: BLACKBENZ, LLC Ref. Number: L13000055052

We have received your document for BLACKBENZ, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 913A00016419

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACKBE	NZ, LLC	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on April 15, 2013	and assigned
Florida document number L13000055052	<b>™</b> as two tags a gar	•
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liabi	lity company horse	SECRETA DIVISION OF
a mending name, enter the new name of the minted name	nty company nere.	4 6 
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "l	LLC" out aboreviation
Enter new principal offices address, if applicable:		-A
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the nev
Name of New Registered Agent:	1	
New Registered Office Address:	Enter Fronte street add	lress
	Florida	

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.

City

Zip Code

or Managing	Member being added or removed from	our records, <u>enter the title, name, and address our records;</u>	o! each ivianager
MGR = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MATLOS ISKANDANANI	3330 NE 190 ST APT 117	Add
Mati	lde L. Iskandarani	ANSMUM FL 33180	Remove
MGRM	MARIANA 15KANDARANI	3330 No 190 ST APT 117	_ Add
Marian	MARIANA ISKAMBARANI.	Avenuer PC -33/90	Remove
			Add Remove
			Add Remove
			Add Remove

ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
_	
_	
-	2013
_	DULY 91", 2013.
	· Mahad
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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