# 113000086700

(Re	questor's Name)	
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### **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

The Black Label Group, LLC

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:

James A Tribue III		
Name of Person		
Firm/Company		
·		
208 Siena Gardens Circle		
208 Siena Gardens Circle		

james@theblklbl.com

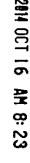
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# James A Tribue III

Name of Person

Daytime Telephone Number





Enclosed is a check for the following amount:

**1** \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Black Label Group, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our r	ecords.)
(A Fiorida Enimee	Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 06/17/20	2013 and assigned
Florida document number L13000086700		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)		OCT THE
	<del></del>	
		56 6 F
Enter new mailing address, if applicable:	warnied date of the co	TO P
(Mailing address MAY BE A POST OFFICE BOX)		50 <b>c</b>
		3ª 2:
B. If amending the registered agent and/or registered	office address on our re	cords, <u>enter the name of the ne</u> v
registered agent and/or the new registered office address he	ere:	
Name of New Registered Agent:		
N/ B 11 1007 4 11		
New Registered Office Address:	Enter Florida street e	address
	City	_, Florida Zip Code
Nam Dagistaned Agent's Signature if shapping Designary Agen	•	Lip Come
New Registered Agent's Signature, if changing Registered Agen	<u>L;</u>	

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael Bright	PO Box 561646	
		Orlando, FL 32856	Remove
MGR	Jonathan K Aleem	3849 Ocita Drive	<b>■</b> Add
		Orlando, FL 32837	Remove
(			Remove
			4 OCT 1 G AM GOVE 23 CHANSSEE FILIDADE
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			Remove
	· · · · · · · · · · · · · · · · · · ·		Add
			Remove

amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
(The effective	date, if other than the date of filing:
Dated O	ctober 1 2014——
Dated	
	Signature of a sissuber or authorized representative of a member
	James A Tribue III
	danies A Tribue III

Page 3 of 3

Filing Fee: \$25.00

