# L13000089482

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**S Warren** FEB 0 6 2017

### **COVER LETTER**

SUBJECT: Black Stone Distributor Company, LL Name of Limited Liability Company	C
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Kenny CVVZ Name of Person	
Blackstone Dist. Co. LLC Firm/Company	
9040 SW 125 AVE + D307 Address	
Miami, FL 33186 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
305-602-5258 at (	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Scrifficate of Status Scriffed Copy (additional copy is enclosed)  \$25.00 Filing Fee Cortificate of Status Scriffed Copy (additional copy is enclosed)  \$25.00 Filing Fee Cortificate of Status Cortified Copy (additional copy is enclosed)	

#### MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

BlackStone Distributor Company, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Li	adility Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L\3000089482</u>	were filed on 06 21 2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Blackstone MIA, LLC		
The new name must be distinguishable and contain the words "Limited Liability	\	
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
	.1/n	<del></del>
Enter new mailing address, if applicable:	NIM	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
Name of New Registered Agent:	<u> </u> A	
New Registered Office Address:	Enter Florida street address	
	Estier Florida street address	
		rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	z.tp Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is
If Chang	ing Registered Agent, Signature of	New Registered Agent
Page 1	of 3	SEE F

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 = M $AMBR = A$	uthorized Member	NA		
<u>Title</u>	<u>Name</u>	hll	Address	Type of Action
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an effective date is listed,	er than the date of filin the date must be specific an	id cannot be prior to date	of filing or more than 90	(optional) days after filing.) Pur	suant to 605.0207 (3)(b)
	ed in this block does not a te on the Department of		atutory filing requiren	nents, this date will	not be listed as the
	a delayed effective or er the record is filed.		effective time, at		the earlier of:
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Filing Fee: \$25.00