

#L13000103677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

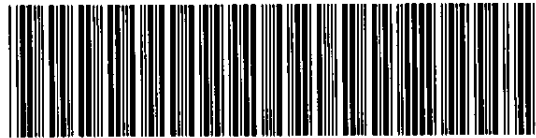
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400269832504

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

15 APR - 8 PM 2:05

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED

2015 APR - 8 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
APR 13 2015

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 532111 7948727

AUTHORIZATION :

COST LIMIT : \$25.00



ORDER DATE : March 6, 2015

ORDER TIME : 12:29 PM

ORDER NO. : 532111-010

CUSTOMER NO: 7948727

DOMESTIC AMENDMENT FILING

NAME: BLACK RIVER OIL & GAS
HOLDINGS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2015

CSC
COURTNEY WILLIAMS

RESUBMIT
Please give original
submission date as file date.

SUBJECT: BLACK RIVER OIL & GAS HOLDINGS, LLC
Ref. Number: L13000103677

We have received your document for BLACK RIVER OIL & GAS HOLDINGS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L01000002994 "S & B HOLDINGS, LLC".

Please return 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 215A00007037

15 APR 10 PM 1:47

RECEIVED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Black River Oil & Gas Holdings, 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

michelle.barone12@gmail.com

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

For further information concerning this matter, please call:

Name of Person

at ()

Area Code

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BLACK RIVER OIL & GAS HOLDINGS, LLC

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

FILED
2015 APR -8 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07-22-2013 and assigned
Florida document number L13000103677.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MRBM HOLDINGS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2804 Fairway Drive North

(Principal office address MUST BE A STREET ADDRESS)

Jupiter, FL 33477

Enter new mailing address, if applicable:

2804 Fairway Drive North

(Mailing address MAY BE A POST OFFICE BOX)

Jupiter, FL 33477

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:

Barbara Servello

New Registered Office Address:

2804 Fairway Drive North

Enter Florida street address

Jupiter

City

Florida 33477

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ryan Barone		<input type="checkbox"/> Add
		34 Oakwood Drive New Hartford, NY 13413	<input checked="" type="checkbox"/> Remove
AMBR	Barbara Servello	2804 Fairway Drive North Jupiter, FL 33477	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
2008 APR - 8 AM 9:37
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 13, 2015

Michelle Barone
Signature of a member or authorized representative of a member

Michelle Barone, Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2015 APR - 8 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED