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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

Black Equity, 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:

## Cindy Barbara

Name of Person

## Alvarez & Barbara, LLP

Firm/Company

## 2701 South Bayshore Drive, #500

Address

Miami, FL 33133

City/State and Zip Code

### cbarbara@alvarezbarbara.com

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

For further information concerning this matter, please call:

## Richard L. Barbara

ູ, 305 ຸ 263-7700

Name of Person

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 Equity, LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 12/18/2013	and assigned
Florida document number L13000174313	•	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
BLAC EQUITY, LLC		
The new name must be distinguishable and end with the words "Lie	mited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		() <b>51</b>
(Principal office address MUST BE A STREET ADDI	RESS)	三·
		Y su
		927 🔑 🙃
Enter new mailing address, if applicable:		en e
(Mailing address MAY BE A POST OFFICE BOX)		5
		The Control of the Co
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, <u>e</u> ress here:	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	D. Divid	
	Enter Florida street address	
	, Floric	
	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 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

<u> itle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			□ Remove
··· <del>······</del>			Add
			Remove
			+ 1   Add: 7
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			Add
			□ Remove

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

Page 3 of 3

Filing Fee: \$25.00