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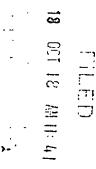
(Re	equestor's Name)	
(Ad	Idress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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10/18/18--01040--020 **25.00



COVER LETTER

BLACK M	ARLIN REALTY, LLC	•	,	
50Б/ЕСТ:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ANTHONY WOODWAR	D		
		Name of Person		
•	WOODWARD LAW GRO	DUP		
		Firm/Company		
	Firm/Company 20727 STERLINGTON DRIVE			
		Address		
	LAND O' LAKES FL 336	47		
		City/State and Zip Code		
	TONY@ANTHONYWOO	DWARDPA.COM to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please ca		canton,	
OLUSOLA PALACIOS		813 251 2200		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	he 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

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

BLACK MARLIN REALTY, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/03/2014	and assigned
lorida document number L14000036204		
This amendment is submitted to amend the following:		5
a. If amending name, <u>enter the new name of the limited liab</u>		11 TO TO
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation L.L.C.
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	503 E. JACKSON ST. #315	=======================================
Principal office address MUST BE A STREET ADDRESS)	TAMPA FL 33647	1,2
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	503 E. JACKSON ST. #315 TAMPA FL 33647	
If amending the registered agent and/or registered or egistered agent and/or the new registered office address her	-	iter the name of the
Name of New Registered Agent:		
Name of New Negistered Agent.		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
	. Florid	:1
	Cin	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager · AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
PRES.	E. JOSEPH	19046 BRUCE B. DOWNS #221	
		TAMPA, FL 33647	
			■ Remove
			□ Change
MGR	D.JOSEPH	503 E. JACKSON ST. #315	
		TAMPA FL 33647	■ Add
			Remove
			□ Change
		· .	Remove
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		_			-		•		
E. Effective	date, if other	than the date	of filing:				(option	nal)	
(If an effecti	ive date is listed, t	he date must be sp	secific and e	annot be prior	to date of filin	g or more than 9	0 days after f	iling.) Pursuan	t to 605.020
		i in this block de on the Departi				rining require	ments, tins	Jaie Will flot	be fisted as
if the recor	d specifies a	delayed effe	ective da	te, but no	ot an effect	ive time, at	: 12:01 a.	m. on the	earlier o
(b) The 90	Oth day after	the record i	is filed.						
	(15.)								
Dated	10-11	<u>-18/</u>		$\mathcal{A}\mathcal{A}$	—· /	•			
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			1//	- // / .					

Page 3 of 3

Filing Fee: \$25.00