

L14000057035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY -8 PM 5:17
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLACKING 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:

MARIA YSABEL GUEVARA

Name of Person

BLACKING LLC

Firm/Company

3003 OAKBROOK DRIVE

Address

WESTON, FL 33332

City/State and Zip Code

marisabel_guevara@yahoo.es

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

For further information concerning this matter, please call:

MARIA YSABEL GUEVARA

954

6788216

at (_____) _____

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY -8 PM 5:17

DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BLACKING LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/07/2014 and assigned
Florida document number L14000057035.

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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 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>	<u>Type of Action</u>
MGR	MARIA YSABEL GUEVARA	3003 OAKBROOK DRIVE	<input type="checkbox"/> Add
		WESTON, FL 33332	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION

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

[illegible]

E. Effective date, if other than the date of filing: 05/06/2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____, _____

Signature of a member or authorized representative of a member

MGR

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY -8 PM 5:17
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

DONALD J PLINER

ORDER INFO

Order # 2000250123

Date: May 4, 2015

Status: Ordered

BILLING INFO

maria guevara
3003 oakbrook drive
weston, FL 33332
US
(954) 678-8216
(954) 678-8216
info@neoma.us

PAYMENT METHOD

VI *****1519 for \$236.38

SHIPPING INFO

maria guevara
3003 oakbrook drive
weston, FL 33332
US
(954) 678-8216
(954) 678-8216

SHIPPING METHOD

2 Day Air Arrives in 2 business days - orders must be placed before 3pm EST M-F (excl. holidays)

	ITEM	QTY	PRICE EACH	PRICE
DONALD J PLINER	DELRN-CD DELON SILVER-NATURAL DISTRESSED METALLIC CORK,8,M	1	\$198.00	\$198.00

Merchandise Subtotal \$198.00

Shipping \$25.00

Tax \$13.38

Total Charge \$236.38

Thank you for your order! You will also receive a summary of this order via email. If you have any questions about your order, please contact customer service by phone at 888.307.1630 between 9am - 6pm EST Monday through Friday, or by email at customerservice@donaldiplier.com.