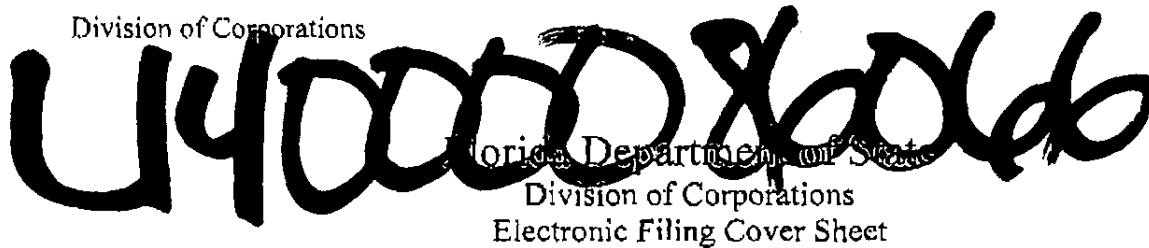


Division of Corporations

Page 1 of 2



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.  
Account Number : 120080000090  
Phone : (305) 670-1991  
Fax Number : (305) 670-1993

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

Email Address: \_\_\_\_\_

FILED  
15 DEC -9 AM 9:38  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BLACK TYPE BLOODSTOCK LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

DEC 10 2015

S. YOUNG

12/09/2015 15:55

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GUZMAN & GUZMAN PA

PAGE 01/05

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12/8/2015 9:03:53 AM PAGE 1/001 Fax Server



December 8, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

GUZMAN & GUZMAN, PA

SUBJECT: BLACK TYPE BLOODSTOCK LLC  
REF: L14000086066

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

Shelia H Young  
Regulatory Specialist II  
Amount charged: 25.00

FAX Aud. #: H15000288439  
Letter Number: 315A00025597

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TALLAHASSEE, FLORIDA

RECEIVED

15 DEC -9 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACK TYPE BLOODSTOCK 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 05/29/2014 and assigned  
Florida document number L14000086066.

This amendment is submitted to amend the following:

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

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 office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

9130 S DADELAND BLVD

STE 1509

MIAMI FL 33156

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

9130 S DADELAND BLVD

STE 1509

MIAMI FL 33156

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:

GUZMAN & GUZMAN P.A.

New Registered Office Address:

9130 S DADELAND BLVD STE 1509

Enter Florida street address

MIAMI

Florida 33156

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.

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	KOUTSOUKOS, THOMAS	250 NE 25TH STREET	<input type="checkbox"/> Add
		# 1709	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33137	<input type="checkbox"/> Change
MGR	JAVIER MOREAU	11690 N US HIGHWAY 441	<input checked="" type="checkbox"/> Add
		OCALA FL, 34475	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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15 DEC 9 11 AM '15  
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TALLAHASSEE, FLORIDA

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

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TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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

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

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

Dated **DECEMBER 7** 2015

DECEMBER +

Signature of a member or authorized representative of a member

KOUTSOUKOS, THOMAS

Typed or printed name of signer