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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CORP USA

Account Number: 072450003255 Phone

: (305)634~3694

Fax Number

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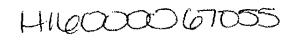
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## **COVER LETTER**



TO:	Registration Section
	Division of Carporations
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BLACK AN	ID DADZIE CONSULTING	U.C	
SUBJECT:	Name of Lin	nited Liability Company	And the second s
The enclosed Axticles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this maner	to the following:	
	JONATHAN R BLACK		
		Name of Person	
	BLACK AND DADZIE C	CONSULTING LLC	
		Firm/Company	
	811 NW 207 STREET		
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	MJAMI FL 33169		
	ومحمد المراجع المراجع والمراجع والمراع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع	City/State and Zip Code	And the second s
	jroyce65@gmail.com		
	E-mail address: (	to be used for future natural report not	fication)
For farther information co	ncerning this matter, please c	all:	
		at (	
Name of	Person	Area Code Dayring	oc Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	130.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is ruclosed)	[1] \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is emclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tulluhassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 MAR 16 AM 8: 05

Black and Dadzie Consulting 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 January 14, 2015	and assigned
Florida document number L15000007710		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Black and Black Consulting LLC		
The new name must be distinguishable and comain the words "Limited Liabil	ity Company," the designation "LLC" or the abi	Ineviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
•	City	7úp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am forvoided for in Chapter 605, F.S. Or. :	rmiliar with and if this document is
If Chan	ging Registered Agent, Signature of New Res	ristered Appen
		Programme Company
Page I	of 3	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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Title	Name	Address	Type of Action
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	Jonald	Signature of a m	ember or authori	ed representative	of a member		

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