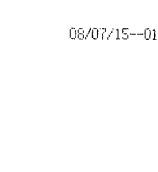
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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
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Office Use Only





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COVER LETTER

TO: Registration Section Division of Corpor		2 p	
SUBJECT:	BLK HO Name of Limi	ited Liability Company	
The enclosed Articles of Am	nendment and fee(s) are sub-	nitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Buy	on D. Sutton	\
		Name of Person	
		< HOUSE LL	C
	·	Firm/Company	
	1600 <i>Coa</i>	teway BLVD S	Buite 220
	Boynto	on Beach, Floir	DA
-	E-mail addruss: (i	n Sutton 6 6 m o be used for future annual report no	idication)
For further information conc	erning this matter, please ca	ill:	
ByronSi	utton	at (984) 245	
Name of Pe	erson	Area Code Dayti	me Telephone Number
Enclosed is a check for the f	ollowing 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

TO ARTICLES OF ORGANIZATION OF

FILED

2015 AUG -7 PM 12: 42

SECRETARY OF STATE

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records;) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on July 28, 2015 and assigned
This amendment is submitted to amend the following:	, · · · · · · · · · · · · · · · · · · ·
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1500 GATEWAY BLVD Suite 20
(Principal office address MUST BE A STREET ADDRESS)	Bounton Beach, FL 33426
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1500 GATEWAY BLVD Suite 220 Boynton BEACH, FL 33426
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u> <u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			Remove
			Change
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:	5.0207 (3)(b) ted as the
f the red b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed.	er of:
Dated	August 4 2015	
	Signature of a member or authorized representative of a member	
	Byron Denard Sutton Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00