

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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| :01<br>101 | To:   | Division of Co:<br>Fax Number | reporations MORO<br>: (650) 617-6383 RUNITO |
|------------|-------|-------------------------------|---|
| ີ<br>ວ     | From: |                               | MUTITE                                      |
|            |       | Account Number                | : BARBOSA LEGAL<br>: 120110000049           |
|            |       | Phone<br>Fax Number           | : (305)501-4680<br>: (305)359-9543          |

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Email Address: renewals@barbosalegal.com

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLACK DIAMOND INTERNATIONAL REALTY, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

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#### **COVER LETTER**

#### TO: Registration Section

Division of Corporations

#### BLACK DIAMOND INTERNATIONAL REALTY, LLC

SUBJECT: \_

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:

Erika Kitaoka da Silva

Name of Person

Barbosa Legal

Finn/Company

407 Lincoln Road PH-NE

Address

Miami Beach, FL 33139

City/State and Zip Code

renewals@barbosalegal.com

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

For further information concerning this matter, please call:

 Erika Kitaoka da Silva
 305
 501-4680

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status  \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

| (((H20000347302 3)))  | ARTICLES OF                              |  |                                      |
|---|--|--|--------------------------------------|
|   | T<br>PTICLES OF C                        | O<br>DRGANIZATION  |                                      |
| <i>r</i>  |  | $\mathbf{F} = \frac{1}{2} \left[ \frac{1}{2} - \frac{1}{2} \right]^{-1}$ | r: p3                                |
|   |  |  |                                      |
| BLACK DIAMOND INTER   |  |  |                                      |
| ( <u>Name of the</u>  | A Florida Linited I                      | ny as it now appears on our records.)<br>Liability Company)              |                                      |
| The Articles of Organization for this Lim<br>Florida document number L15000147686                       | ited Liability Company                   | were filed on  | and assigned                         |
| This amendment is submitted to amend th   | ne following:                            |  |                                      |
| A. If amending name, <u>enter the new name</u><br>N/A<br>The new name must be distinguishable and conta |  |  | or the abbreviation "L.L.C."         |
|   |  | N/A  |                                      |
| Enter new principal offices address, if   |  |  |                                      |
| (Principal office address MUST BE A S   | <u>TREET ADDRESS)</u>                    |  |                                      |
| Enter new mailing address, if applicab<br>(Mailing address MAY BE A POST OF)                            |  | N/A  |                                      |
| B. If amending the registered agent ar agent and/or the new registered office                           | nd/or registered office<br>address here: | address on our records, <u>enter th</u>                                  | <u>ie name of the new registered</u> |
| Name of New Registered Agen   | <u>t:</u> <u>N/A</u>                     |  |                                      |
| New Registered Office Address   |  | Enter Florida street address   |                                      |
|   |  |  | ida                                  |
|   |  | , F 101  | 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>: (((H20000347302 3)))

#### MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name                            | Address                | <u>Type of Action</u> |
|--------------|---------------------------------|------------------------|-----------------------|
| MGR          | Claudio Mourad                  | 407 Lincoln Road PH-NE | 🗆 Add                 |
|              |                                 | Miami Beach, FL 33129  | Temove                |
|              |                                 |                        | □Change               |
| MGR          | Maria Eugenia Mendes de Almeida | 407 Lincoln Road PH-NE | <b>=</b> Add          |
|              |                                 | Miami Beach, FL 33129  | Remove                |
|              |                                 |                        | Change                |
| MGR          | Maria Eduarda Mendes de Almeida | 407 Lincoln Road PH-NE | ■Add                  |
|              |                                 | Miaini Beach, FL 33129 | 🗆 Remove              |
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|              |                                 |                        | 🖾 Add                 |
|              |                                 |                        |                       |
|              |                                 |                        | □Change               |

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

| N/A |
|-----|
|-----|

| e date, if other than the date of filing: | (optional) |
|---|------------|

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.

October 06 Dated

2020

/S/ Maria Eugenia Mendes de Almeida Mourad

Signature of a member or authorized representative of a member

Maria Eugenia Mendes de Almeida Mourad

Typed or printed name of signee