

L16 0000 35261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

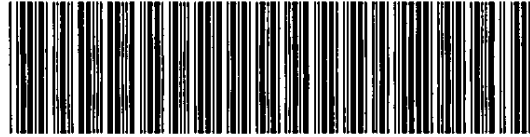
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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JUL 26 2016

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Black Head Construction 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:

Tenetia Williams  
Name of Person

\_\_\_\_\_  
Firm/Company

#4 Willard Cir.  
Address

Fort Walton Beach, FL 32548  
City/State and Zip Code

WTISH@rocketmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tenetia Williams at (850) 420-3542  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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SECRETARY OF  
TALLAHASSEE, FLORIDA  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Block Head Construction 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 2/19/16 and assigned  
Florida document number L16000035261

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:**

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

/

**Enter new mailing address, if applicable:**

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

/

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**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:

Tenetia Williams

New Registered Office Address:

#4 Willard Cir.

Enter Florida street address

Fort Walton Beach

City

, Florida

32548

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          | Randall Williams | 1996 Resort St.             | <input type="checkbox"/> Add               |
|              |                  | Naples Fl. 32966            | <input checked="" type="checkbox"/> Remove |
|              |                  |                             | <input checked="" type="checkbox"/> Change |
| MGR          | Tavetia Williams | #4 Willard Cir              | <input checked="" type="checkbox"/> Add    |
|              |                  | Fort Walton Beach Fl. 32548 | <input type="checkbox"/> Remove            |
|              |                  |                             | <input type="checkbox"/> Change            |
|              |                  |                             | <input type="checkbox"/> Add               |
|              |                  |                             | <input type="checkbox"/> Remove            |
|              |                  |                             | <input type="checkbox"/> Change            |
|              |                  |                             | <input type="checkbox"/> Add               |
|              |                  |                             | <input type="checkbox"/> Remove            |
|              |                  |                             | <input type="checkbox"/> Change            |
|              |                  |                             | <input type="checkbox"/> Add               |
|              |                  |                             | <input type="checkbox"/> Remove            |
|              |                  |                             | <input type="checkbox"/> Change            |

STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA  
JUN 10 2011 2:55 PM

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11:55 AM  
JUL 16 1966  
FBI - TAMPA  
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**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.

Dated 7/20/16, \_\_\_\_\_

Signature of a member or authorized representative of a member

Barckell A. Williams  
Typed or printed name of signee