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SUBJEC	ĊТ,	LLOYD B	LACK 1, LLC		
SUBJEC	.		Name of Lin	nited Liability Company	
The encl	losed	Articles of	Amendment and fee(s) are sub	umitted for filing	
			ondence concerning this matter		
		ш. оолоор.	one of the same of	to the following.	
			LES C. SHIELDS		
				Name of Person	.4,5
			MORRIS & SHIELDS		16 JUN 27 FM 12: 37
				Firm/Company	
			685 ROYAL PALM BEA	CH BLVD., SUITE 205	<u>2</u> %
				Address	2
			ROYAL PALM BEACH,	FL 33411	
				City/State and Zip Code	
			LESCSHIELDS@AOL.CO	M to be used for future annual report noti	
For furth	ner in	formation of	concerning this matter, please c	•	neadon)
			oncorning and maner, preuse e		
TERRE	<u> </u>		0.0	561 793-1200 at ()	
		Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed	l is a	check for the	he following amount:		
□ \$25.0	00 Fi	iling Fee	☐ S30.00 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)
		Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Ce Tallahassee, FL 32	n rations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLOYD BLACK 1, 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 3/23/16 and assigned Florida document number L16000059141 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 "LLC" 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 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: New Registered Office Address: Enter Florida street address City

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>	Type of Action
MBR	CHRISTOPHER BLACK	221 CYPRESS TRACE	
		ROYAL PALM BEACH, FL 3341	Remove
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ocument's effective date on the	e Department of Stat	e's records.			7
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The 90th day after the	record is filed.	ic, but not an	circulture initia, e	t 12.01 u.m. on ti	ယ
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	Signature of a mer	mber or Mihorizad	representative of a me	mher	

Page 3 of 3

Filing Fee: \$25.00