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2016 JUL 29 AMII: 50

SUCRETARY OF STATE

K. SALY EXAMINER AUG 2

COVER LETTER

	ision of Corporations						
SUBJECT:	LLOYD BLACK 2, 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:						
	LES C. SHIELDS						
	Name of Person						
	MORRIS & SHIELDS						
Firm/Company							
	685 ROYAL PALM BEACH BLVD, SUITE 205						
	Address						
	ROYAL PALM BEACH, FL 33411						
	City/State and Zip Code						
	TERREESHIELDS@AOL.COM						
	E-mail address: (to be used for future annual report notification)						
For further in	nformation concerning this matter, please call:						
TERREE SH	HELDS 561 793-1200 at ()						
	Name of Person Area Code Daytime Telephone Number						
Enclosed is a	check for the following amount:						
□ \$25.00 F	iling Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certificate of Status \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 JUL 29 AM 11: 50
SECRETARY OF STATE

LLOYD BLACK 2, LLC

(Name of the Limited Liability Company as if now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/23/2016 and assigned

Florida document number L16000059158

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 "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 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

, Florida

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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The 90th day after the record is filed.		,		
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Filing Fee: \$25.00