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## **COVER LETTER**

Division 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, Esq.  Name of Person  Morris + Shields, PA.  Finn/Company  685 Royal PaluBeach Blvd, Suite Za  Address  Royal Palu Beach FK 331  City/State and Zip Code  terrce Shields@ aol. com		NOISIAFF
E-mail address: (to be used for future annual report notification)	23	OF TO
For further information concerning this matter, please call:    CS	PM 1: 39	OF STAIL DEPORATIONS
Enclosed is a check for the following amount:   \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c		

### MAILING ADDRESS:

Registration Section

TO:

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
Tallahassec, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lloyd Black 2, 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 at Florida document numberL 1600059158	nd assign	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:  169 Sun Flower Circle, LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation	on "L.L.C.	."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u>₹</u>
(Mailing address MAY BE A POST OFFICE BOX)	9	SEC. 1
	PR 2	구선 - 유전 - 유전 - 1
B. If amending the registered agent and/or registered office address on our records, enter the n	်သ	ुॅं~ॄं the≥new
registered agent and/or the new registered office address here:	<del></del>	OR S
Name of New Registered Agent:	39	
New Registered Office Address:		
Enter Florida street uddress		
, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = N	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date fan effective date is listed, the date must be spe	of filing:		(optional)	
Note: If the date inserted in this block do document's effective date on the Department.	es not meet the applica	o date of filing or more than s ble statutory filing require	0 days after filing.) Pursuant to ments, this date will not be l	605.0207 isted as
ne record specifies a delayed effe The 90th day after the record is	ctive date, but not s filed.	an effective time, a	: 12:01 a.m. on the ea	rlier of:
Dated April 18	3, 2019	- 'A		
/		<u></u>		
	1000	ized representative of a men		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00