

L16 000 067732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

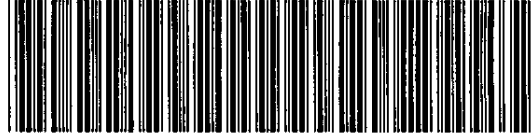
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500287981845

07/18/16--01029--015 \*\*25.00

2016 JUL 18 P 2:11  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

FILED

JUN 19 2013  
D BRUCI

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLACK HILLS REAL ESTATE INVESTMENTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROLINE G LARSON

Name of Person

LARSON ACCOUNTING AND CONSULTING SERVICES

Firm/Company

7901 KINGSPONTE PKWY STE 17

Address

ORLANDO/FL 32819

City/State and Zip Code

support@larsonacc.com

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

For further information concerning this matter, please call:

CAROLINE G LARSON

407

3703686

Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 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)

### 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

2016 JUL 18 P 2 11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BLACK HILLS REAL ESTATE INVESTMENTS 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 APRIL 05TH 2016 and assigned  
Florida document number L1600067732

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:**

N/A

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

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

N/A

**(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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

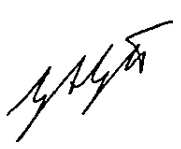
Zip Code

FILED  
2016 JUL 18 PM 2:11  
CLERK OF DISTRICT COURT  
TALLAHASSEE, 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.*

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	CARLOS ALBERTO CORSETTI	R. ANA BELMIRA NOVAES 235	<input type="checkbox"/> Add
		SERRA NEGRA, SP	<input type="checkbox"/> Remove
		13930-000 BRAZIL	<input checked="" type="checkbox"/> Change
MGR	ADRIANE D BULK CORSETTI	R. ANA BELMIRA NOVAES 235	<input type="checkbox"/> Add
		SERRA NEGRA, SP	<input type="checkbox"/> Remove
		13930-000 BRAZIL	<input checked="" type="checkbox"/> Change
AMBR	CORSETTI EMPR. IMOB. LTDA	R. ANA BELMIRA NOVAES 235	<input checked="" type="checkbox"/> Add
		SERRA NEGRA, SP	<input type="checkbox"/> Remove
		13930-000 BRAZIL	<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

FILED  
2018 JUL 18 PM 2:41  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

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

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

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.

Dated JULY 11th, 2016

Signature of a member or authorized representative of a member

CARLOS ALBERTO CORSETTI

Typed or printed name of signee