

L16000091461

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TRIAD PROFESSIONAL SERVICES
Account Number : 120160000008
Phone : (850) 777-2091
Fax Number : (770) 220-1943

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLACK IN CANNABIS LLC

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17 JUL 26 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 27 2017

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLACK IN CANNIBAS, 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:

Karen Rodriguez

Name of Person

Triad Professional Services

Firm/Company

1720 Windward Concourse, S. 390

Address

Alpharetta, GA 30005

City/State and Zip Code

mrabeyi10@gmail.com

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

For further information concerning this matter, please call:

Karen Rodriguez

770 777-2091
at ()

Name of Person:

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

((H17000195815 3))

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

BLACK IN CANNIBAS, 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 _____ and assigned
Florida document number L16000091461.

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 Office Address:

Enter Florida street address

City

Florida

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	2ND HAND CONTACT LLC	124 Monterey Oaks Drive	<input type="checkbox"/> Add
		Sanford, FL 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Huey M. Abeyi	142 Lincoln Blvd	<input checked="" type="checkbox"/> Add
		Orlando, FL 32810	<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

17 JUL 26 AM 11:49
 CALHOUN COUNTY, FLORIDA
 DEED

jC.

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

10

7 JUL 26 AM 11:49
SAC, NEW YORK
FROM SAC, TAMPA
RE TAMPA TELETYPE TO BUREAU AND NEW YORK
JULY TWENTY FIVE LAST.
TAMPA POLICE DEPARTMENT HAS ADVISED THAT
THE ABOVE NAMED INDIVIDUAL WAS OBSERVED
ENTERING THE TAMPA AIRPORT ON JULY TWENTY
FIVE LAST.

17

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 identified in this block does not meet the criteria listed above, the filer must provide a written explanation of the date identified in this block.

Notes: 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.

(b) The 90th day after the record is filed.

Dated July 26 2017

Signature of a member or authorized representative of a member

Huey M. Abeyi
Typed or printed name of signer