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COVER LETTER

TO:						
SURI	JECT:	BLACKMII	NE TECHNOLOGIES, LLC			
50 B	,ECT.		Name of Lim	ited Liability Company		
The e	nclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please	e return	all correspor	ndence concerning this matter	to the following:		
			AMIRAH MATHIN			
				Name of Person	<u> </u>	
			BLACKMINE TECHNOL	OGIES, LLC		
Firm/Company						
		Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. urn all correspondence concerning this matter to the following: AMIRAH MATHIN Name of Person BLACKMINE TECHNOLOGIES, LLC				
			Address			
			ORLANDO, FL 32835			
			AMIRAH.MATHIN@GMA			
			E-mail address: (1	to be used for future annual report notific	cation)	
For fi	urther in	nformation co	oncerning this matter, please ca	all:	·	
AMI	RAH M	IATHIN				
		Name of	Person	Area Code Daytime	Telephone Number	
Enclo	osed is a	check for th	e following amount:		•	
■ \$	25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy	

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

TO ARTICLES OF ORGANIZATION OF

BLACKMINE TECHNOLOGIES,	LLC	
(Name of the Limit	ed Liability Company as it now appears o (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited L Florida document number	ability Company were filed on	E 16, 2016 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	the limited liability company here	16 OCT
The new name must be distinguishable and contain the v	ords "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	<u> </u>
(Principal office address MUST BE A STREE	T ADDRESS)	B PH 2: 03
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered or		ur records, enter the name of the new
Name of New Registered Agent:	AMIRAH MATHIN	
New Registered Office Address:	1803 PARK CENTER DRIVE, SUIT	ΓE 200
	Enter Florida	street address

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.

ORLANDO

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANAA HOLDINGS, LLC	1803 PARK CENTER DR, # 200	Add
		ORLANDO, FL 32835	■ Remove
			☐ Change
AMBR	AMIRAH MATHIN	1803 PARK CENTER DR, #200	Add
		ORLANDO, FL 32835	Remove
			□ Change
			S C Remove Ti
			□ Add 16 Remove □ □ Change Change Change Add Change Change Change Change Change Add 3
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E. Effective date, if other than the date of filing: (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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records.	(3)(b) :he
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.	
OCTOBER 17 Dated	
Signature of a member or authorized representative of a member	
AMIRAH MATHIN	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00