## L16000132735

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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2021 AUG 27 PH 12: 50 SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Se Division of Cor			
		Herita	ge Family LLC	<b>.</b>
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Damon Taylor	
			Name of Person	
			Firm/Company	
			1251 NE 108th st Apt 114	
			Address	
			Miami, FL 33161	
			City/State and Zip Code	
			damontaylor0826@gmail.com to be used for future annual report n	attication
For fu	rther information c	oncerning this matter, please ca	·	ottileauon)
Damo	n Taylor		215 902-6055 at ( )	
	Name o	Person		ime Telephone Number
Enclos	sed is a check for th	e following amount:		
<b>≡</b> \$2	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

Street Address::
Registration Section
Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	11.11 1.11
	age ranny sate Her, tage tam, y LLC upany as it now appears on our records.)
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our refords.) and Liability Company)
	07/14/2016
The Articles of Organization for this Limited Liability Compar	ny were filed on and assigned
Florida document numberL16000132735	
s uncomment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
Black Destiny Enterprises I <b>LC</b>	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
F	
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
	SC D
Mailing address MAY BE A POST OFFICE BOX	/ <u>/ (                                 </u>
	<u> </u>
	e address on our records, enter the name of the new register
gent and/or the new registered office address here:	
Name of New Registered Agen:	. <u>.                                   </u>
N. B. 1. 10m 11	
New Registered Office Address:	Enter Florida street address
	Lines Florida street (daress
	, Florida
<del></del>	City Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

nevery accept the appointment as registered agent and agree to act in this capacity. I juriner 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 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
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ective date, if other than the effective date is listed, the date mute: If the date inserted in this blument's effective date on the D	st be specific and cannot be prior to lock does not meet the application	o date of filing or more the ble statutory filing rec	(optional) nan 90 davs after filing.) Pur nuirements, this date wifi	suant to 605.02 not be fisted
cord specifies a delayed effectives filed.	ve date, but not an effective tin	nc, at 12:01 a.m. on th	e earlier of: (b) The 90	th day after th
ed August 23.	2021			
<del></del>	Damon Signature of a member or author	/ aylor	member	