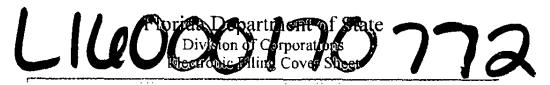
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COVER LETTER

	Registration Se Division of Cor				
CHD IFC	BLACK E	DOOR 209, LLC			
Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sub	emitted for filing.	•	
Please ret	um all correspo	andence concerning this matter	to the following:		
		Cheyenne Moseley			
Name of Person					
		Legalzoom.com, Inc.			
			Firm/Company		
		101 N. Brand Blvd., 11t	th Floor		
Address					
		Glendale, CA 91203			
			City/State and Zip Code		
blackdoor209@gmail.com					
		E-mail address: (to be used for future annual report notif	ication)	
For furthe	r information c	oncerning this matter, please co	all:		
Cheyenr	ne Moseley		800 773-0888 es		
	Name o	l'Person	at () Area Code Daytine	Telephone Number	
Enclosed	is a check for th	he following amount:			
□ \$ 25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACK DOOR 209, LLC		
(Name of the Limited Limbility Comp (A Florida Limited	nny as it now appears on our records Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000170772</u> .	were filed on 09/13/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and end with the words "Limited Lie	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>ත්</u> 😘
(Principal office address MUST BE A STREET ADDRESS)		8 5
Enter new mailing address, if applicable:	209 S.E. Paradise Pt. Rd.	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Crystal River, FL 34429	Q
		<u>ت</u> ب
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	Enter Plortda street address	valet the name of the ne
	City, Not	ida
New Registered Agent's Signature, if changing Registered Agent:	•	·
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I furt performance of my duties, and provided for in Chapter 605, F	I I am familiar with and S. Or, if this document is
If Chai	nging Registered Agent. Signature of	New Registered Agent

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MGR = Manager

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member				
Title	Name	Address	Type of Action	
				
			□ Remove	
			□ Add	
			□ Remove	
			□ Remove	
			□ Add	
			□ Manove	
			Add COOL	
			ය දිනි සු	
			□ Add	

2016-10-17 17:35:44 GMT

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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:	
Dated 8 oct 2016. Maion Debono	ed .
Signature of a member or authorized representative of a member Marion L. Gibbons	
Typed or printed name of signee	

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Filing Fee: \$25.00