Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000054212 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

3052201440

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (385)552-5973 Fax Number : (305)675-5944

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

E41	Address:			
	ADDITESS:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLACK RAIN CITY CAPITAL INVESTMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

11 and 6182

Electronic Filing Menu Corporate Filing Menu

Help



position.

## Articles of Amendment to LLC Articles of Organization of

BLACK RAIN CITY CAPITAL IN	JUE5	THE	س سد
The Articles of Organization for this Limited Liability Company wer and assigned Florida document num	e filed o		
This amendment is submitted to amend the following:			
Remove:			
			<del>_</del>
FRANCIS FILMORE			
CHANGE MAILING TO:			
12 331 WN 156 St			
OPA LOCKA F1 33054			<u> </u>
			·
These articles of amendment were adopted on	·	<u>.</u> ,	
Dated	IA.	2019 FEB	
v W		FEB 15	
Signature of a member or authorized representative of a member	SSE	≥	in
FRANCIS FILMORE Typed or printed name of signee	- 1986 - 1986 - 1986	AM II:	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligation	ations of	<b>7</b> 0	

Signature of New Registered Agent, if changing