# 11000111472

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700304772707

10/23/17--01020--030 \*\*25.00

2817 OCT 23 PH 12: 25

STOLING PLE

### **COVER LETTER**

TO: Registration S Division of Co			
BLACK D	IAMOND PROPERTIES & IN	NVESTORS LLC	
30B41.CT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	TIMOTHY DOUGHTY		
		Name of Person	
	BLACK DIAMOND PRO	PERTIES & INVESTORS LLC	
		Firm/Company	
	3499 INVERRARY BLVI	) W	
		Address	
	LAUDERHILL, FLORIDA	A 33319	
		City/State and Zip Code	<del></del>
	TIMOTHYDOUGHTY68@		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information (	concerning this matter, please co	all:	
TIMOTHY DOUGHTY		561 667 - 5018	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### BLACK DIAMOND PROPERTIES & INVESTORS LLC

(Name of the Limited Liability Company as it now appears on our records.)

-	(A Florida Limite	ed Liability Company)	·	
The Articles of Organization for this Limited Florida document number <u>L17000171472</u>	Liability Compa	ny were filed on $\frac{08/1}{}$	1/2017	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited li	ability company her	<u>e</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Lia	ibility Company," the des	ignation "LLC" or the abbrevia	ition "L.L.C."
Enter new principal offices address, if appl	icable:	N/A		
(Principal office address MUST BE A STRE				
				1
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		N/A	<u> </u>	<del></del>
			<u>•··</u>	
B. If amending the registered agent and registered agent and/or the new registered	d/or registered office address h	office address on e	our records, enter the	F-2
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florid	la street address	
	N/A		, Florida N/A	1
		City	Zi <sub>i</sub>	n Code
New Registered Agent's Signature, if changing	Registered Ager	<u>ıt:</u>		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of thi	per and comple gistered agent a c registered offic	te performance of m s provided for in Ch	ny duties, and I am famili capter 605, F.S. Or, if thi	iar with and is document is

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 Mei	mber		

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	ASHLEE POOLE	3499 INVERRARY BLVD W	
		LAUDERHILL, FLORIDA 33319	■ Remove
			i □ Change
			Add
			□ Remove
			☐ Change
			□ Remove
			Change
			🖸 Remove
			Change
			Nga Ng Wang Wa
			Remove  Change
<del></del>			Add
			Remove
			Change

N/A				
•	,			**
			<del> </del>	· · ·
		<del></del>	<del></del>	
				<del>-</del>
.1				
				_
			<u>-</u> -	<del></del>
tive date, if other than the flective date is listed, the date must	date of filing:	an day out of the common shows	(optional)	605 (
: It the date inserted in this blo	ck does not meet the applic	able statutory filing require	ements, this date will no	ot be listed
ment's effective date on the De	partment of State's records.			
ecord specifies a delayed		t an effective time, a	t 12:01 a.m. on th	e earliei
e 90th day after the reco	ord is filed.			
SEPTEMBER 11	2017			i∕-a
1		·	<b>,</b>	2017 00
	<u> </u>		,	- E
///	///			7
jamos)	Signature of a member or author	orized representative of a mer	ıber	-1 ± -1 ± -2 ±

Page 3 of 3

Filing Fee: \$25.00