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COVER LETTER

TO:

TO: Registration S Division of Co			
	e LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	Anthony Hamilton Same of Limited Liability Company		
Please return all corresp	ondence concerning this matter	to the following:	
	Anthony Hamilton		
		Name of Person	
	Black Line LLC		
		Firm/Company	
	7131 Miami Lakes Dr Apt	R5	
		Address	
	Miami Lakes FI 33014		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
Anthony Hamilton			
Name	of Person	Area Code Daytime Telephone N	Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		Certified Copy Ce (additional copy is enclosed) Ce	rtificate of Status & rtified Copy
Mailing Addre			
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 63		The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, St	uite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Black Line LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appears on our rec Liability Company)	ords.)	-
The Articles of Organization for this Limited I	iability Company	were filed on <u>8/30/2017</u>	and a	assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
AntioHam LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "I	LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if appli	cable:	7131 Miami Lakes Dr		
(Principal office address MUST BE A STREET ADDRESS)		Apt R5		
		Miami Lakes Fl 33014		202
Enter new mailing address, if applicable:		921 Keil Rd		SIGH OF
uiling address MAY BE A POST OFFICE BOX)		Toledo Oh 43607		5 111 12:
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>en</u>	ter the name of the r	○ 성품
Name of New Registered Agent:	Anthony Hamil	lton		
New Registered Office Address:	7131 Miami La	ikes Dr Apt R5		
	- -	Enter Florida street add	dress	-
	Miami Lakes		Florida 33014	
		City	Zip Coo	ie

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.

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 Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Anthony Hamilton	7131 Miami Lakes Dr Apt R5	
		Miami Lakes FI 33014	
			□Change
			□Add
			□Remove
			□Change
			□Add
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ffective date, if other than t an effective date is listed, the date r lote: If the date inserted in this ocument's effective date on the	block does not mee	et the applicable :	e of filing or more than statutory filing requi	(optional) 90 days after filing.) Pursurements, this date will n	ant to 605.02 ot be listed
e record specifies a delay The 90th day after the r	ed effective dat ecord is filed.	e, but not an	effective time,	at 12:01 a.m. on th	ne earlier
ated April 8		2021			
	?		/		
			/		
	Signature of a met	mber or authorized	representative of a me	mber	

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Filing Fee: \$25.00