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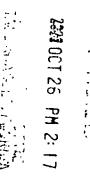
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US 12/1/20

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BIGCK & PSIGCIK LUC, Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Alcen Black Name of Person	
Black & Black UC	1321 OCT 26
142 Arrstream Lane	1 26 P
Tavernier Fl 33670 City/State and Zip Code ailcenblack 19 egmail. (or	5 PM 2: 17
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Afleco Black at 305 764-7242 Name of Person Area Code Daytime Telephone Number	<u>-</u> _
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee & Certified Copy (additional copy is enclosed)	of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Black & Black LL	C .
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.)
The Articles of Organization for this Limited Liability Company were filed of Florida document number	n 9 22 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	000
(Principal office address MUST BE A STREET ADDRESS)	26
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH 2: 17
B. If amending the registered agent and/or registered office address on or agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter	ur records, enter the name of the new registered
	, Florida
City	Zip Code

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

	Authorized Person(; <u>om our records</u> :		age, enter the title, name, and address of each p	
MGR = Mar	nager thorized Member	DAME OF	person, just changing sunbiz to his legal	9
<u>Title</u>	<u>Name</u>	hame vs.	name he goes by. See	Type of Action
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			Tavernier, FL 33070	_ □Remove
				□ Change
AMBR	Rick	Black	142 Airstream Lane	□Add
		-	Tavernier, FL 33070	XRemove
				— X
				20 Add
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Effectiv	re date, if other than the date tive date is listed, the date must be fithe date inserted in this block	e specific and cannot k does not meet the	he applicable statt	filing or more than 90 d	_ (optional) ays after filing.) Pu ents, this date wil	ursuant to 605,020°
Note: I	nt's effective date on the Depa					
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Note: If document of the control of	specifies a delayed effective d	\mathcal{U}	103	2:01 a.m. on the earlie		Oth day after the