11800036668

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COVER LETTER

TO: Registration Sec Division of Corp			
*	A ALL DALLD	, /	
SUBJECT: 154	ACK DOWD LO	ted Liability Company	,
	Name of Emile	ес налику сопраку	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Josh Do	Name of Person	
		Name of Person	
	BLACK DOL	JD LLC. Firm/Company	
		Firm/Company	
	5718 13A	4 Ave S. Address	
		Address	
	Gulfport, Fo	L 33707 City/State and Zip Code	
	11	City/State and Zip Code	
	E-mail address: (to	I work @ gmail. Co	cation)
For further information co	ncerning this matter, please ca		,
Angelique	Evere#	at (<u>646</u>) <u>25/-9</u> Area Code Daytime	190 Telephone Number
Enclosed is a check for the	e 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

BLACKDOWL			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now apper Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L/8000036668</u>	ompany were filed on _	2/9/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company h	nere:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the	designation "LLC" or the abbr	reviation TLL
Enter new principal offices address, if applicable:			CRECTED LA
(Principal office address MUST BE A STREET ADDR	RESS)		TARY IASSI
Enter new mailing address, if applicable:		<u> </u>	OF STATI
(Mailing address MAY BE A POST OFFICE BOX)			P
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address o ress here:	n our records, <u>enter t</u>	he name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter El	orida street address	
	EINBI FA		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	•		•
I hereby accept the appointment as registered agent.	and agree to act in this	s canacity. I further agre	e to comply with th
Thorovy accept the appointment as registered agent	and agree to act in time	, vapavity, i turtitor ayro	o to comply with t

company has been notified in writing of this change.

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

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 1	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Joshua Dowd	5718 134 Ave S. Gulfport, FL 33707	MAdd
			□ Remove
			Change
	<u></u>		Add
			Remove
			☐ Change
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