

L18000087792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

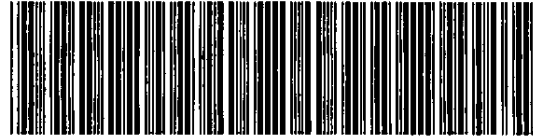
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Amend. filed at office  
no charge due to error  
on part of this office  
w/ previous R/A ch. Filing  
*[Signature]*

Office Use Only



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 APR 23 PM 4:13

M. MILLIGAN

APR 26 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BLACK SHEEP CUSTOM WORKS LLC**

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:

Kristopher Gross

Name of Person

BLACK SHEEP CUSTOM WORKS LLC

Firm/Company

3599 Pioneer Trails Drive

Address

Lakeland, FL 33810

City/State and Zip Code

kris863@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristopher Gross

863

at ( )

Daytime Telephone Number

Name of Person

Area Code

934

264-4599

Enclosed is a check for the 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 SHEEP CUSTOM WORKS LLC

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

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DIVISION  
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The Articles of Organization for this Limited Liability Company were filed on 04/06/2018 and assigned  
Florida document number L18000087792.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company 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: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Megan L. Gross

New Registered Office Address:

3599 PIONEER TRAILS DRIVE

Enter Florida street address

Lakeland

Florida 33810

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.*

Megan L. Gross

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>	<u>Address</u>	<u>Type of Action</u>
CFO	Megan L Gross	3599 PIONEER TRAILS DRIVE,	<input type="checkbox"/> Add
		LAKELAND, FL 33810	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>OWNER</u> <u>MGR</u> <u>AMBR</u>	Kristopher C Gross	3599 PIONEER TRAILS DRIVE	<input checked="" type="checkbox"/> Add
		LAKELAND, FL 33810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 4-26, 2018

Megane Hess Ritt  
Signature of a member or authorized representative of a member

megan GROSS - Registered Agent / Kristoph  
GROSS  
owner

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 APR 23 PM 6:11  
28114