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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

10;		stration Sec sion of Corp			' y				
SURI	ECT:	Blackaere L	and Trust, LLC						
0000	Leiv	·-	Name of Lim	ited Liability Company	·				
The e	nclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.					
Please	e return	all correspor	ndence concerning this matter	to the following:					
			Nocł F. Johnson, Esq.						
				Name of Person					
			Lewis Brisbois						
				Firm/Company					
			2 Alhambra Plaza, Suite 11	10					
			Address						
			Coral Gables, FL 33134						
				City/State and Zip Code					
			Nocl.Johnson@lewisbrisboi						
			E-mail address: (to be used for future annual repor	t notification)				
For fu	irther in	formation co	oncerning this matter, please ca	all:					
Noel	F. Johns	son, Esq.		786 353-029					
	, ,	Name of	Person	Area Code D	aytime Telephone Number				
Enclo	sed is a	check for th	e following amount:						
■ Si	25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 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

Blackacre Land Trust, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L18000106514	Company were filed on 04/27/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
		SIORET
Enter new mailing address, if applicable:		ARY O
(Mailing address MAY BE A POST OFFICE BOX)		Y STA
		3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and/or regist	tered office address on our records, <u>en</u>	ter the name of the ne
registered agent and/or the new registered office add	ress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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

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	ANTONIO BRYANT	337 NW 170TH STREET	
		NORTH MIAMI BEACH, FL	☐ Remove
		33169	■ Change
			□ Add
			Remove
			☐ Change
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ective date, if other than the da effective date is listed, the date must be te: If the date inserted in this block ument's effective date on the Depar	specific and does not m	cannot be price	or to date of cable statu	filing or more tory filing r	than 90 day	(optional) s after filing s, this date	.) Pursuant to	605.02 isted (
record specifies a delayed e he 90th day after the record		ate, but n	ot an eff	ective tim	ne, at 12	:01 a.m.	on the ea	rlier
ed May 11	,	2018						
		nember or aut	1/1/10/	-V-\/\-\-	a member			

Page 3 of 3

Filing Fee: \$25.00