118000123398

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COVER LETTER

TO:	Registration Se Division of Cor				
cum tu		K JACOBIN LLC			
SUBJEC	CT:		ted Liability Company		
The encl	losed Articles of .	Amendment and fee(s) are subr	nitted for filing.		
Please re	cium all correspo	ndence concerning this matter t	to the following:		
		SASSINE, KAREEN			
			Name of Person		
			Firm/Company		
			Address		
1750 N.BAYSHORE DRIVE # 2002					
		MIAMI, FL 33132	City/State and Zip Code		
		E-mail address: (t	o be used for future annual report notif	ication)	
For furth	ner information c	oncerning this matter, please ca	all:		
SASIN	NE, KAREEN		305 588-4585		
	Name o	f Person	at ()Area Code Daytime	Telephone Number	
Enclose	d is a check for th	ne following amount:			
\$25	.00 Fifing 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

THE BLACK JACOBIN LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L18000123398	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the	abbreviation !! L.C.
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADD	RESS)	25-
Enter new mailing address, if applicable:		PM 12:
Mailing address MAY BE A POST OFFICE BOX)		9
B. If amending the registered agent and/or regi		er the name of the nev
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
AMBR	SASSINE, Scarlett	1750 N.BAYSHORE DRIVE	_ Add
		apt 2002 MIAMI FL 33132	□ D
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			□ Add
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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the De	be specific and car ck does not mee	nnot be prior to t the applicab	date of filing or	more than 90 day	(optional) vs after filing) Pu ts. this date wil	rsuant to 605.0. I not be listed
e record specifies a delayed The 90th day after the reco	effective dat rd is filed.	e, but not a	an effective	e time, at 12	:01 a.m. on	the earlier
07/02 ated		2018	. •			
	ON OOM Signature of a med	uber of authoriz	ed representati	ve of a member		