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2020 JUN 10 PM 12:32

Amend/cc  
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JUN 25 2020  
I ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLACKACRE CAPITAL LLC FILE # L13100145540  
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:

MARIJA MATIAS  
Name of Person

BLACKACRE CAPITAL LLC  
Firm/Company

7705 NW 48TH STREET SUITE 390  
Address

DORAL FL 33166  
City/State and Zip Code

BLACKACRECAPITALLLC@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIJA TORRES at (41) 773-865-0733  
Name of Person Area Code Daytime Telephone Number

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 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**

BLACKACRE CAPITAL LLC

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

FILED  
2020 JUN 10 PM 12:32

The Articles of Organization for this Limited Liability Company were filed on 06/04/2020 and assigned Florida document number L18 000145540.

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)

7715 NW 48TH STREET SUITE 390  
DORAL FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7715 NW 48TH STREET SUITE 390  
DORAL FL 33166

**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:

NATIA MATIAS

New Registered Office Address:

7715 NW 48TH STREET SUITE 390

*Enter Florida street address*

DORAL

*City*

Florida

33166

*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.*

Natja Matias

**If Changing Registered Agent, Signature of New Registered Agent**

...

**AMBR = Authorized Member**

president MATIA MATIAS

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated 10/04/2020

Matija Matijevic  
Signature of a member or authorized representative of a member

MATIA MATIAS  
Typed or printed name of signee