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(Req	uestor's Name)	
(Add	ress)	
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(City.	/State/Zip/Phone	÷#)
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(Doc	ument Number)	
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COVER LETTER

	gistration Se vision of Cor		•		
CHDICAT.	Boo Berry	LLC			
SUBJECT:		Name of Lin	nited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	n all correspo	endence concerning this matter	to the following:		
		Michael C. Minardi			
			Name of Person	 .	
		Minardi Law			
	Firm/Company				
5301 N. Habana Ave #3					ES:
Address					
		Tampa, FL 33614			\sim 1
			City/State and Zip Code		တ ် က (၂
		Michael@Minardilaw.com			72
		E-mail address: (to be used for future annual report notif	ication)	ည
For further i	nformation c	oncerning this matter, please c	all:	2	لسا
Michael C.			813 995-8227 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	ne 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 Certificate o Certified Co (additional cop	of Status &

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

y as it now appears on our records. ability Company) were filed on 9/12/2018	and assigned
were filed on 9/12/2018	and assigned
lity company here:	
ty Company," the designation "LLC" of	or the abbreviation "L.L.C."
2201 Windermere Rd.	
Tallahassee, FL 32311	
	S. n
2201 Windermere Rd.	٠.٦
Tallahassee, FL 32311	
	:n
	نت در
ice address on our records, :	<u>, , , , , , , , , , , , , , , , , , , </u>
Enter Florida street address	· · · -
	rida Zip Code
1	y Company," the designation "LLC" of 2201 Windermere Rd. Tallahassee, FL 32311 2201 Windermere Rd. Tallahassee, FL 32311

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	Black Ghost Enterprise, INC	2201 Windermere Rd.	m
		Tallahassee, FL 32311	
			Remove
			Remove
			
			□ Add
			☐ Remove
			Change
			□ Remove
			Change
			Add
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. Effective da	ite, if other than the	date of filin	ø:			(ontional)	5
Note: If the	ate, if other than the date is listed, the date mu date inserted in this b effective date on the E	lock does not r	neet the applic	able statutory f	or more than 90 da iling requiremen	ys after filing.) Pu its, this date wil	rsuant-to:605.020 I not be listed a:
	specifies a delaye n day after the rec			t an effectiv	e time, at 12	::01 a.m. on	the earlier o
Septe Dated	mber 25		2018				
		' '					
	11-1			_ 1.			

Page 3 of 3

Filing Fee: \$25.00