## L190000a9945

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## **COVER LETTER**

	Registration So Division of Co			
SUBJEC	Blackeaste	rn LLC		
SOBJEK.	·•·	Name of Lin	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspe	ondence concerning this matter	to the following:	
		Robert H. Weber III		
		Hayman-Woodward	Name of Person	
Firm/Company 801 Brickell Avenue 15th Floor				
			Address	
		Miami, FL 33131	City/State and Zip Code	
		robert.weber@haymanwoo E-mail address: (	to be used for future annual report notifi	cation)
For furthe	er information e	oncerning this matter, please c	all:	
Robert W	Veher		305 877-8941 at ( )	
	Name o	l'Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
S25.4	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

Blackeastern LLC				
( <u>Name of the Limited</u> (A	Liability Compa Florida Limited	iny as it now appears on our re Liability Company)	ecords.)	-
The Articles of Organization for this Limited Liab Florida document number 1.19000029945	were filed on January 29, 1	2019 and	assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	<u>he limited liab</u>	oility company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabi	fity 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)		14200 NW 42nd Avenue	<u> </u>	_ <u>_</u>
		Suite 924	المام المسابق المام المسابق المام المسابق المام المسابق المام المسابق المام المسابق المام المام المام المام المام المام المام المام المام	رجد بيا
		Opa Locka, FL 33054		
Enter new mailing address, if applicable:		801 Brickell Avenue	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	THE THE
(Mailing address MAY BE A POST OFFICE Bo	<u>OX)</u>	15th Floor	ه سد ده. معاد شد. د به ماد	<del> </del>
		Miami, FL 33131		<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:  New Registered Office Address:	ce address her			ne of the new
	Miami		Florido 33131	
		Cuy	, Florida 33131 Zip Co	de
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this cl	and complete red agent as p gistered office	performance of my dutie provided for in Chapter 6	s, and I am familiar s 05, F.S. Or <u>, if this de</u>	with and coment is

Page 1 of 3

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>	Type of Action
MGR	Carlos Leonardo Lima-Freitas	801 Brickell Avenue	
		15th Floor	
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		Miami, FL 33131	
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Effective data if other t	n this block does not me	annot be prior to date o set the applicable stat	f filing or more than 90 day	( <b>optional)</b> s after filing ) Pursuant to 605 s, this date will not be liste	5 0207 ( ed as (
(If an effective date is listed, the Note: If the date inserted idocument's effective date of					
(If an effective date is listed, the <b>Note:</b> If the date inserted i		ite, but not an ef	fective time, at 12	01 a.m. on the earlie	er of:
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Filing Fee: \$25.00