

L19000029945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

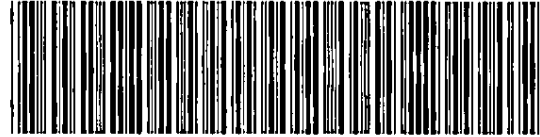
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUL 24 2019

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Blackeastern LLC

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:

Robert H. Weber III

Name of Person

Hayman-Woodward

Firm/Company

801 Brickell Avenue 15th Floor

Address

Miami, FL 33131

City/State and Zip Code

robert.weber@haymanwoodward.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Wehner

305 877-8941

at { }

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Blackeastern LLC

The Articles of Organization for this Limited Liability Company were filed on January 29, 2019 and assigned Florida document number 119000029945.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Miami, FL 33131

Zip Code

Page 1 of 3

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>	<u>Type of Action</u>
MGR	Carlos Leonardo Lima-Freitas	801 Brickell Avenue	<input type="checkbox"/> Add
		15th Floor	<input type="checkbox"/> Remove
		Miami, FL 33131	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 CLERK OF COURT
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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FALL ARREST

19 JUL 12 1410: 04
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FALL ARREST - 100000

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 10, 2019

Signature of a member or authorized representative of a member

Robert H. Weber III

Typed or printed name of signee