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COVER LETTER

TO: Registration Section Division of Corpor	
SUBJECT:	Blackbirds, LLC
	Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	nce concerning this matter to the following:
	Betty V. Garcia
	Firm/Company
	P.O BOX # 832554
	Miami, #1 33283 City/State and Zip Code Cinimanacementa cuttook. com E-mail address: (to be used for future annual report notification)
-	E-mail address: (to be used for future annual report notification)
	erning this matter, please call:
Betty V. (a	on at (305) 994 - 8076 Area Code Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:
\$25.00 Filing Fee	□ \$30,00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Blackbiro	15, LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L190003046</u> 4	were filed on $01/39/30/9$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	333 Palm 51 #3 =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Hollywood, Fl 33818 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new e:
Name of New Registered Agent:	Hy V. Garcia
New Registered Office Address: 33	3 Palm 5+ #3 · Enter Florida street address
<u>Holle</u>	4WOOD Florida 33019 Zip Code
Now Designand Assessed Cinemators of the series Designand Assessed	

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
<u>MGR</u>	Gabriel M. Patric	ch 2471 Abaco Aul	Add
		<u> Miami, F1 33133</u>	Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			Change
		A SSEE	Remove Change Add Remove
		ORIDA	Remove
			Change
		 	
			Remove
			Change
			D Add
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets,	if necessary.)
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	TO THE TOTAL PROPERTY OF THE TOTAL PROPERTY
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	
f the record specifies a delayed effective date, but not an effective time, at 1 b) The 90th day after the record is filed.	2:01 a.m. on the earlier of:
Dated August 16 . 2019.	
Signature of a member or authorized representative of a member	
Betty V. Garcia Typed for printed name of signee	

Page 3 of 3

Filing Fee: \$25.00