

L190000 43427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

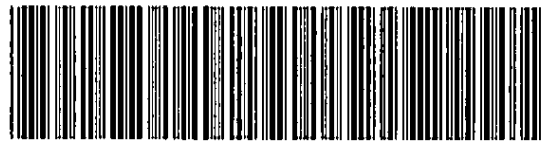
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
19 MAR 18 PM 6:18  
TALLAHASSEE, FLORIDA

MAR 28 2019  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Black water logistics 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:

Matthew Gothard

Name of Person

Black water logistics LLC

Firm/Company

3308 Creek Rd

Address

Vernon FL 32462

City/State and Zip Code

Mgothard90@gmail.com

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

For further information concerning this matter, please call:

Matthew Gothard

Name of Person

at ( 850 )

Area Code

258-4574

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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Black water logistics LLC

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

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number L19000043487.

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)**

7901 4th St N

STE 300

St. Petersburg FL 33702

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

7901 4th St N

STE 300

St. Petersburg FL 33702

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19 MAR 18 PM 6:18  
HALL COUNTY CLERK  
TALLAHASSEE, FLORIDA

**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:

Northwest Registered Agent LLC

New Registered Office Address:

7901 4th St N STE 300

Enter Florida street address

St. Petersburg

City

, Florida 33702

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.*

**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>	<u>Type of Action</u>
AMBR	Matthew Gothard	3308 Creek Rd	<input checked="" type="checkbox"/> Add
		Vernon, FL 32462	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brent Gibson	3308 Creek Rd	<input checked="" type="checkbox"/> Add
		Vernon, FL 32462	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

I need both names visible on SunBiz to allow the LLC to open a banking account.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

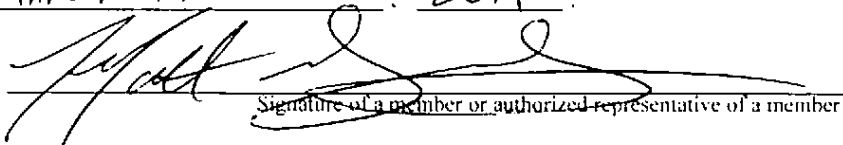
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 March 14<sup>th</sup> 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Matthew Gothard

\_\_\_\_\_  
Typed or printed name of signee