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| (Requestor's Name) |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STREET

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June 17, 2019

BLACK LABEL BUILDERS LLC 1646 WILEY ST HOLLYWOOD, FL 33020

SUBJECT: BLACK LABEL BUILDERS LLC

Ref. Number: L19000058337

We have received your document for BLACK LABEL BUILDERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Letter Number: 819A00012091

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACK LABEL BUILDERS LLC

| (A Florida) | Limited Liability Company) | on our records.) | |
|---|--|--|-----------------------------------|
| The Articles of Organization for this Limited Liability Co Florida document number L19000058337 | ompany were filed on <u>02/2</u> | 28/2019 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limit | ed liability company her | <u>re</u> : | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the des | signation "LLC" or the abbro | eviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | _ |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registeredistered agent and/or the new registered office address. Name of New Registered Agent: New Registered Office Address: | | our records, enter th | e name of the nev |
| New Registered Office Address. | Enter Florid | a street address | |
| | City | , Florida | Zip Code |
| New Registered Agent's Signature, if changing Registered | Agent: | | |
| I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age, being filed to merely reflect a change in the registered company has been notified in writing of this change. | nplete performance of m int as provided for in Ch | y duties, and I am fam apter 605, F.S. Or, if t | iliar with and his document is |

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 ador removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|---------------|---------------|---------------------|----------------|
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| Effective date, if other than the fan effective date is listed, the date must | t be specific and cannot be prior to date of filing o | (optional) or more than 90 days after filing.) Pursuant to 605.6 |
| Note: If the date inserted in this blocument's effective date on the D | xk does not meet the applicable statutory figerment of State's records. | iling requirements, this date will not be listed |
| e record specifies a delayed The 90th day after the rec | effective date, but not an effective ord is filed. | e time, at 12:01 a.m. on the earlier |
| ated MAY 24 | 2019 | |
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Page 3 of 3

Filing Fee: \$25.00