19000087159

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DATE:

7/6/20

NAME:

BLACK PEARL ADVISORS LLC

TYPE OF FILING: AMENEMENT

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25.00

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AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Black Pearl Advisors LLC					
(Name of the Limited (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)		_	
The Articles of Organization for this Limited Liab	ility Company were filed on $\frac{03/29}{1}$	2019	anc	d assig	ned
Florida document number L19000087159					
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	ne limited liability company here:				
Black Pearl Partners LLC					
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the design	nation "LLC" or the	abbreviatio	n "L.L.0	C."
Enter new principal offices address, if applicab	le.				
	-				
(Principal office address MUST BE A STREET)	ADDRESS)				
					
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BO	<u></u>		177,4	23	
			()	3	
			. .	7	- 1
B. If amending the registered agent and/or regi	istered office address on our reco	rds, enter the na	m <u>ể of the</u>	gew r	egistere
agent and/or the new registered office address h	<u>nere</u> :		111.4		
			7.	T.W.	\Box
Name of New Registered Agent:					
			ाम अ	0	
New Registered Office Address:	Enter Florida s	streat address			
	Emer i fortaci s	meer aaar co			
	70.	, Florida _		-,	
	City		Zip C	ode	

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
			□Remove
			☐Change
			□Add
			□Remove
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Note: If the date in	iserted in this block do	of filing: ecitic and cannot be prior best not meet the applica- ment of State's records.	able statutory filing requ	(optional) an 90 days after filing.) Pursua airements, this date will no	ant to 605.0207 (. ot be listed as th
• • •		, but not an effective ti	me, at 12:01 a.m. on the	e earlier of: (b) The 90th	day after the
	delayed effective date				
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Filing Fee: \$25.00