

L19000 090 715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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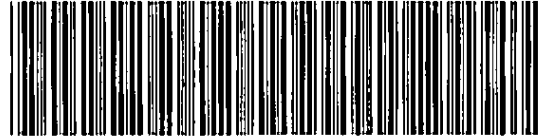
(Business Entity Name)

(Document Number)

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OCT 09 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLACKSMITH & BRIGANTINE COMPANY, 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:

Jose Gregorio Tovar del Corral

Name of Person

Arias Tovar & Associates, P.A.

Firm/Company

2250 NW 136th Avenue

Address

Pembroke Pines, 33028

City/State and Zip Code

mdubuc@ariastovar.com

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

For further information concerning this matter, please call:

Marvia Dubuc

954 385-2284
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

BLACKSMITH & BRIGANTINE COMPANY, 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 04/04/2019 and assigned
Florida document number L19000090715.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

City

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>
MGRM	GONZALEZ HERRERO, JUAN	CALLE SAN ESTEBAN, 119 CARRACEDELO, LEON 24549	<input type="checkbox"/> Add
		ES	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ALVAREZ-HEVIA GONZALEZ, JORGE	CALLE URUGUAY, 5, 5H VIGO, PONTEVERDRA 36201,	<input type="checkbox"/> Add
		ES	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ALVAREZ-HEVIA GONZALEZ, CARLOS	CALLE NAVALIEGOS, 3, 6A PONFERRADA, LEON 24400,	<input type="checkbox"/> Add
		ES	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALVAREZ ALONSO, RODRIGO	C/FRUELA, N 8, 1 A OVIEDO, ASTURIAS 33007, ES	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	QUINTERO MEDINA, JUAN A	CALLE PI Y MARGALL 17 3º IZQ, SANTA CRUZ DE	<input checked="" type="checkbox"/> Add
		TENERIFE, ISLAS CANARIAS, 38003, ES	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

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 September 16, 2019

Signature of a member or authorized representative of a member

Alvarez Alonso Rodrigo
Typed or printed name of signer

Typed or printed name of signee