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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	BLACFOS	RREST L.L	_ · C ·
	Name of Lim	ited Liability Company	
·			
The enclosed Articles (	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Danviose	J Blackmon	Samantha Forrest
	Blact	orrest L.L.C.	
	914 50	llivan 5t. Address	<del> </del>
	Delfona	FL 32725 City/State and Zip Code K MOW 44@hc/ to be used for future annual report notif	- 
	E-mail address: (	K mow 44@hod to be used for future annual report notif	tmail.com
For further information	concerning this matter, please ca	all:	
Daimone	d Blackman	at ( <u>386)</u> 320 Area Code Daytimo	~1935 : 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)
Regis Divis	LING ADDRESS: stration Section sion of Corporations Box 6327	STREET/COURING Registration Section Division of Corpora Clifton Building	n

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

BLACFORREST L.L.C.

(Name of the Limited Liability Compa (A Florida Limited The Articles of Organization for this Limited Liability Company	• •	
The Articles of Organization for this Limited Liability Company	were filed ont_/_ 0 /	i and assigned
Florida document number <u>L 190000 9587.7</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		; '? <del>-</del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1 . · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ds, <u>enter the name of the no</u>
	<del>-</del>	•
Name of New Registered Agent:		
N		<del></del>
New Registered Office Address:	Enter Florida street addr	ess
	ı	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
New Registered regent a organizate; it changing registered regent.	-	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I j performance of my duties, p provided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	Daimond Blackmon	914 Sullivan St	🗖 Add
		Deltona, FL 32725	□ Remove
			Change
	<del>_</del> ·		
			□ Remove
			Change
			□ Remove
			Change
			🗆 Remove
		<del></del>	Change
		🖸 Add	
		Remove	
			□ Change
	<del></del>		O Add
		<del></del>	☐ Remove
			Change

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E. Effective da	ate, if other than the date of filing: (optional) date is listed, the date must be specific and carnot 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.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th	n day after the record is filed.
	7016
Dated	15 July . 2019.
	$\mathcal{O}$ $\mathcal{O}$
<b></b>	Signature of a member or authorized representative of a member
	· · · · · · · · · · · · · · · · · · ·
	Daimond Blackmon
_	Typed or printed name of signee

i. La amending any other information, enter change(s) here. (Anach adamonal sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00