L19000183836

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2022 HAY 18 PH 12: 02 SEUNE JARY OF STATE TALL AHASSEE, FL

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SURJECT: BLAC	K CLOUD ENTERS	Rises LLC	
Sobolici.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	AllEN J.	sis matter to the following: J. Selders Name of Person Firm/Company LNB AVE N # X107 Address [EL, FL 33760 City/State and Zip Code elders Q gmail.com address: (to be used for future annual report notification) please call: at (304) 648-5315 Area Code Daytime Telephone Number Tee & \$55.00 Filing Fee & \$60.00 Filing Fee,	
		Name of Person	
		Firm/Company	
	6465 147 ND A	JE N # X107	
	* V 3 1 1 1	Address	
	CLEARWATER.	FL 33760	
		City/State and Zip Code	
	jordan Selder	Firm/Company 12 Nb AVE N # X 107 Address MEL, FL 33760 City/State and Zip Code Sclders Q gmail.com all address: (to be used for future annual report notification) er, please call: at (304) Area Code Daytime Telephone Number 1: Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Var Grethar information a			meaton)
	oncerning this matter, please ca	111.	
Allen J. Sel	ders	at (304_) <u>698-5</u>	315
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S			ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee, I			Fallahassee be Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILE

2022 MAY 18 PM.

BLACK CLOUD ENTERPRISES, LL	ISES LLC
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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SEURFJARY OF S TALLAHASSEE.

(A Flonda Limited L	lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000183836</u> .	were filed on <u>07/17/201</u> 9	q and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi Allen J. Selders, LLC The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new name of the limited liability of the new name of the limited liability of the new name of the	<u>-</u>	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ente</u>	r the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	£\$\$
		lorida
	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
			□Change
			□Add
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document's effe	ective date on the D	epartment of S	State's record	ls,				
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