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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 : (305)541-3980

Fax Number

: (888)772-8108

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLACKLABELL 1 LLC

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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACKLABELL I LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
articles of Organization for this Limited Liability Company	were filed on 10/18/2019	and assigned
la document number L19000262695		
mendment is submitted to amend the following:		
amending name, enter the new name of the limited liab	ility company here:	
w name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the at	obreviation SL.L.C."
new principal offices address, if applicable:	4400 NW 30TH ST	<u>. 59</u> .
cipal office address MUST BE A STREET ADDRESS)	COCONUT CREEK, FL 33066	A 40 27.
		<u> </u>
		A 43.5
new mailing address, if applicable:	4400 NW 30TH ST	9. 4 <u>5.</u>
ing address MAY BE A POST OFFICE BOX)	COCONUT CREEK, FL 33066	<u> </u>
f amending the registered agent and/or registered of	ffice address on our records, enter	the name of the
ered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and options of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is gliled to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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nending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added moved from our records:

R = Manager

3R = Authorized Member

<u>Name</u>	Address	Type of Action
MIGLIANO, FERNANDO D	4400 NW 30TH ST	Add
	COCONUT CREEK, FL 33066	☐ Remove
		■ Change
		_ □ Add
		Remove
		☐ Change
		□ Remove
		Change
		Add
		□ Remove
		Change
		□ Remove
		Change
		Add
		☐ Remove
		Change

	ing any other information, enter change(s) here: (Atlach additional sheets, if necessary:)
	
_	
_	
e Ifi	date, if other than the date of filing:
ecor e 91	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
d <u>D</u> I	ECEMBER 9TH . 2019
	Signature of a manaber or authorized representative of a member

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