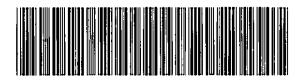
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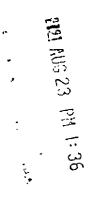
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PICK-UP WAIT	MAIL
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Certified Copies Certificates of	of Status
Special Instructions to Filing Officer:	
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	BLACKH	EART SERVICES LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	endence concerning this matter	to the following:	
		MIC	HAEL JOSEPH WALDING SR	
			Name of Person	
		BLA	ACKHEART SERVICES LLC	
			Firm/Company	··
	3606 EASTBURY DRIVE			
			Address	
		JA	CKSONVILLE, FL 32224	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For further is	nformation c	oncerning this matter, please ca	all:	
MIC	HAEL JOSE	EPH WALDING SR	ර 9/ ² 904 759 -09-13 at ()	3
	Name o	f Person		me Telephone Number
Enclosed is a	check for th	e following amount:		
≡ \$25.00 F	iling 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)
Reg Div P.C	iling Addres gistration S vision of C D. Box 632 lahassee, F	Section orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monro Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com	
(A rionoa Linnic	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L20000018459</u> .	ny were filed on JANUARY 10, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3606 EASTBURY DRIVE JACKSONVILLE, FL 32224
(Principal office address MUST BE A STREET ADDRESS)	
	- 40 13
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3606 EASTBURY DRIVE JACKSONVILLE, FL 32224
	* 22
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registers.
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	, Florida

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
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			C) Change
			Add
			Remove
			Change
			
			□Remove
			□Add
			Remove
			☐Change

	
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te: If the date inserted in this block does not meet the applicab	ple statutory filing requirements, this date will not be listed
cument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time	se at 12:01 a.m. on the earlier of (h). The 90th day after the
s filed.	is, at 12.51 a.m. on the carrier of. (b) The 70th day after the
and AUGUST 17 2021	_ ·
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Signature of a member or author	ded representative of a member