## KRC CCC033510

Office Use Only



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A. BUTLER FEB - 3 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Blackbird Development, 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:
Richard Gray Name of Person
Blackbird Development, LLC Firm/Company
9864 Bosque Creek Cir, Apt 302
Taypa FL 33619  City/State and Zip Code
Cgray 80 @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard Gray at (S13) 560-5083  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)  \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	Or	10110 7 0 10
Black bind [Name of the Limited Lia	evelopment LLC  pility Company as it now appears on our  ida Limited Liability Company)	records.)
(Ol 7 A)	rida Limited Liability Company)	/
The Articles of Organization for this Limited Liability Florida document number	Company were filed on $\frac{1/2}{2}$ .	7 /2090 and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the li	mited liability company here:	
Semini Development, L. The new name must be distinguishable and contain the words "!		
The new name must be distinguishable and contain the words "!		•
Enter new principal offices address, if applicable:	Not April	licable
(Principal office address MUST BE A STREET AD	1.1	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1	plicable
B. If amending the registered agent and/or registe agent and/or the new registered office address here		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	address
		Florida
<del></del>	City	, Florida 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

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ective date, if other than the date of filing:  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 6 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li ument's effective date on the Department of State's records.	605,0207 isted as
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at s filed.	fter the
ed 19 January 2022	
Signature of a member or authorized representative of a member	
Richard Gran	

Filing Fee: \$25.00