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| (Pac | uestor's Name) | |
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| (ivec | uestor s name) | |
| (Add | lress) | |
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| (City | /State/Zip/Phone | ∋ #) |
| | | |
| (Bus | iness Entity Nar | ne) |
| (Document Number) | | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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APR 03 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations

OUKDIS LLC SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Spencer Golden at (<u>954</u>) <u>GID-8100</u> Normal Darian Daytime Telephone Number

Enclosed is a check for the following amount:

XS25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

| | OF AMENDMENT TO F ORGANIZATION OF | FILED |
|---|--|---|
| (<u>Name of the Limited Liability Co</u> (A Florida Limit | ompany as it now appears on our reco atted Liability Company) | |
| The Articles of Organization for this Limited Liability Comp Florida document number $\underline{L2000054375}_$. This amendment is submitted to amend the following: | 1 | · 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 |
| A. If amending name, enter the new name of the limited | liability company here: | |
| The new name must be distinguishable and contain the words "Limited I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | · | LC" or the abbreviation "L.L.C." |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | îce address on our records, <u>ent</u> | er the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street add. | |
| | | Florida |
| | 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|---|-----------------|
| MGR | BLACKALDE, INC. | 9713 NW 75th Court TAMARAC, FL 33321 | 🗆 Add |
| | | | X Remove |
| | | <u></u> | 🗆 Change |
| MER | BLKACLE, INC. | 1713 NW 75th Court TAMARAC, FL 33321 | 🗶 Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| Dated | 03/07/2020 |
|-------|--|
| | Milt (Juxte) |
| | Signature of a member or authorized representative of a member |
| | Nicholas Wixted |
| | Typed or printed name of signee |