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COVER LETTER

TO:

Registration Section

Division of Cor	porations	•	•
BLACKSE			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	LOUIS SUPRASKI		
		Name of Person	
	LOUIS A. SUPRASKI P.A		
		Firm/Company	
	16666 NE 19TH AVENUE	E 113	
		Address	
	NMB FL 33162		
		City/State and Zip Code	
	SUPRASKI@SUPRASKIL		
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	concerning this matter, please ca	all:	
LOUIS SUPRASKI		305 792-0060 at ()	
Name c	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing 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)
Mailing Addre Registration		Street Address: Registration Sec	tion
Division of C	Corporations	Division of Corp	oorations
P.O. Box 632		The Centre of Ta	allahassee : Street, Suite 810
Tallahassee,	FL 34314	Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACKSEA LLC

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 03/05/2020 and assigned \(\)		
1.20000073437			
Florida document number L20000073437			
This amendment is submitted to amend the following:	7		
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new avincinal offices address if applicables	16666 NE 19TH AVENUE, 113		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NORTH MIAMI BEACH, FL 33162		
(Trincipal office and constant in the first in the constant in			
Enter new mailing address, if applicable:	16666 NE 19TH AVENUE, 113		
(Mailing address MAY BE A POST OFFICE BOX)	NORTH MIAMI BEACH, FL 33162		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new registered</u>		
New Registered Office Address:	Enter Florida street address		
	Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	 performance of my duties, and I am familiar with and provided for in Chapter 605. F.S. Or, if this document is 		
If Cha	nging Registered Agent. Signature of New Registered Agent		

If amending Anthorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being adde or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
		□Change	
			□Add
			□Remove
			Change
		□Add	
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			□Remove
			□Change

Note: If	e date, if other than the date of filing:
record s d is filed	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
	MARCH 20. 2020
Dated	K.J.
Dated	Signature of a member or authorized representative of a member